The
CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION
VOLUME THIRTY-SIX NUMBER THREE
MARCH, 1940

The Foothills of the Rockies

Through the years, the general meetings of the Canadian Nurses Association have been held in widely separated parts of the Dominion, a costly practice in terms of time and money but nevertheless amply justified, because in no other way could our scattered membership have been welded into an integrated group of professional women, thoroughly representative of the nurses of Canada. At the meeting in Halifax in 1938, it was inspiring to listen while nurses from every Province told of their activities and aspirations. Each seemed to carry with her something of the atmosphere of the place from which she came, and when all had delivered their message it was as though Canada had spoken.

There is another and a more subtle influence which pervades these meetings, and that is the spirit of the place in which they are held. Calgary will offer a very different setting to that afforded by Halifax. It is a far cry from the salt sea mists to the sparkling air of the foothills of the Rockies, but true Canadians adjust readily to altitude and climate and landscape. We rejoice in the "Nova Scotia-ishness" of Nova Scotia and the "Alberta-ishness" of Alberta—not to mention the "Ontario-ishness" of Ontario. And it must be admitted that British Columbia, Manitoba, Saskatchewan, and New Brunswick are equally set in their ways. Then there is Quebec, and the Province of Prince Edward Island, otherwise known as "*the* Island".

Since we are to meet in Calgary this will be a golden opportunity to study the "Alberta-ishness" of Alberta. Let us take a look at the map. If we think of Edmonton as being somewhere near the North Pole we are sadly mistaken. Edmonton is only on the southern fringe of the Northern Alberta about which

Miss Blanche Emerson tells us in this issue of the *Journal*. Miss Kate Brighty, the president of the Alberta Association of Registered Nurses, has a sizeable territory as her domain and has wisely devoted her energies to the building up of strong regional groups as rallying points for local enterprise. The first of these groups was organized at Dunvegan Crossing, on the Peace River — but we will let Miss Brighty tell you about that herself.

Nurses have made a magnificent contribution to the building up of this young nation, but it may well be that the hardest part of the climb lies just ahead of us. Like good mountaineers, roping over a perilous place, we shall have need of one another. From Calgary at sunset, you can see the snowy summits, flushed with rose. Perhaps in later years we shall look back upon the way by which we came — the steep ascent which led upward from the foothills of the Rockies.

Dunvegan Crossing

KATE SHAW BRIGHTY

For the past three years the efforts of the Council of the Alberta Association of Registered Nurses have been directed towards the formation of Provincial Districts of the Association. Our province, with its widely scattered hospital areas, raised the question of where to begin to develop such a plan. This was solved by the nurses in the northern portion of Alberta (Grande Prairie and Peace River districts) inviting me to attend their annual gathering. It was summer, and I responded with alacrity.

In this northern country the district medical association and the nurses hold their meetings at the same time. A most delightful and unique place was chosen for the gathering — the old Church of England Mission site at Dunvegan Crossing, on the Peace River. We held our respective meetings sitting on the grass under the shade of lovely Manitoba maples. Here the first District of the Association of Registered Nurses for Alberta was formed, the officers appointed and the constitution discussed, and thus the Northern Alberta District Number 1 came into being. The present chairman is Miss Martha O'Brien and the secretary is Mrs. Moffatt, Fairview.

The following are the Districts, numbered according to the order in which they became inaugurated as Districts of the Provincial Association:

Ponoka District (Number 2) — chairman, Miss C. M. Jackson; secretary, Miss V. P. Evans.

Calgary District (Number 3) — chairman, Miss Rae Chittick; secretary, Mrs. M. Blunden.

Medicine Hat District (Number 4) — chairman, Miss A. E. Peterson; secretary, Miss V. E. Clegg.

Drumheller District (Number 5) — chairman, Miss Ethel Jones; secretary, Miss Gene Findlay.

Red Deer District (Number 6) — chairman, Miss Laura Allyn; secretary, Miss A. Holmes.

Edmonton District (Number 7) — chairman, Miss Agnes MacLeod; secretary, Miss C. Clibborn.

As this notice is sent on its way to the editor an inaugural meeting will be held in the city of Lethbridge looking towards the formation of District Eight.

In Northern Alberta

BLANCHE A. EMERSON

The history of Alberta is one that teems with romance and adventure. The sporting blood of her hardy pioneers still courses through the veins of many of her prominent citizens. Very interesting are the tales they tell of the creaking old ox carts and the rattling Red River wagons that slowly wended their way over the prairie trails in the old days.

Edmonton, the gateway to the North, holds the unique position of being one of the oldest established centres in English-speaking Canada, having been founded in 1795. For well over a century she gleaned a rich harvest of furs from northern and western areas and was also a distributing point for supplies for all points north and west. Today farming, mining, lumbering and many other industries have been added to the fur industry which still flourishes, and Edmonton still serves the far North and last frontier with needed supplies for Indian trapper, prospector and missionary.

That same company of Gentlemen Adventurers that bartered with the Indian long before the white man ventured into these parts, is still here, now doing business with Indian and white man alike. Along with the traders came the missionaries, then the Royal North West Mounted Police, and later, doctors, nurses and hospitals.

In 1881 one of the first hospitals was established at St. Albert, some fourteen miles from Edmonton. It was attached to a small Roman Catholic church. Only the hospital at Fort McLeod in southern Alberta is older than this one. The Grey Nuns came from their Mother House in Montreal to take charge — none of them were trained nurses but they performed their duties with kindness and efficiency.

It was in 1886 that we learn of the first trained nurse to practice in Alberta. She was a Miss Newton, a sister of Canon Newton who had a church and a boys' school at the Hermitage, eight miles down the Saskatchewan River from Fort Edmonton. In the pioneer newspaper, *The Edmonton Bulletin*, in 1886 the following announcement appeared:

> Miss Newton, who has lately arrived from England to reside with her brother the Rev. Canon Newton, is a regular trained nurse, in the Church of England. Miss Newton has practised in several London hospitals, and she holds diplomas and testimonials of efficiency from the leading physicians. Besides, she was, until her health broke down, lady professor in the Queen Charlotte Hospital, London.

Later when the only practising physician, the late Dr. H. C. Wilson, was absent from Edmonton, Miss Newton had a card in the paper to the effect that she was prepared to treat women and children and that her charges were moderate. She had many demands made upon her and performed her task well, so old timers recall.

In 1894, Sister St. Dosithier and Sister Dosethe and Sister Leon came from the Grey Nunnery in Montreal to take charge of the nursing service in the Edmonton General Hospital, and in 1908 a training school for nurses was established.

The Royal Alexandra Hospital, a public, non-sectarian hospital, was established in 1900 with Miss Turnbull, who

graduated in 1895 from the School of Nursing of the Guelph General Hospital, arriving to take charge. She had previously been in charge of the Galt Hospital, in Lethbridge. In 1905, a training school for nurses was established.

The Sisters of the Misericordia arrived in 1900 to start still another hospital, and in 1914 the Strathcona Hospital was erected. It was used as a military hospital during and after the Great War, 1914-1918. Later, in 1922, it was taken over by the University of Alberta and is now called the University Hospital. The nursing school was started in 1914 and, when the Dominion Government took it over for war purposes, the nurses-in-training were transferred to the Royal Alexandra Hospital and graduated from there.

In 1910, the late Sister Laverty, a graduate of St. Boniface Hospital, Winnipeg, and a member of the Grey Nuns Order, travelled to Fort Chipewyan to become the first trained nurse in the far North. Here she acted as doctor, dentist, and nurse for a radius of 200 miles. Subsequently she was superintendent of the Holy Cross Hospital in Calgary and later at the Edmonton General Hospital.

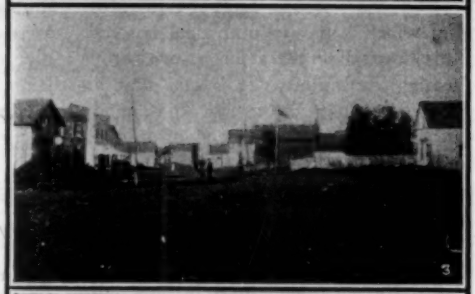
About this time various smaller hospitals were opened in the outlying districts. In 1905, under the auspices of the Methodist Woman's Missionary Society of Canada, Dr. Archer and Dr. Rush opened a small hospital at Lamont, situated in a district largely inhabited by central Europeans. Too much cannot be said of the outstanding service rendered by this small hospital which is modern in every respect. The doctors connected with it have consistently taken post-graduate courses until methods of treatment are up-to-date in every sense of the word. A school of nursing is maintained in connection with the hospital.

Under the auspices of the Presbyterian Mission of Canada, the Roland M. Boswell Hospital was opened in Vegreville in 1908, and in 1910 Sister Josephine of Notre Dame d'Evron, opened the Vegreville General Hospital in connection with one of their missions.

In 1909, the late Mrs. Agnes Sorrel

THE OLD PIONEER HOSPITAL, GRANDE PRAIRIE

OLD FORT EDMONTON



JASPER AVE., EDMONTON IN 1890

"THE HERMITAGE" IN 1886

Forbes, wife of Dr. A. Forbes, now of Toronto, commenced the work of the Pioneer Hospital in Grande Prairie. A caboose and tent kitchen composed the first unit of this hospital. Later a log structure was added to the manse, and, from this humble beginning, came the fully modern Municipal Hospital which is doing such excellent work in this flourishing community.

The Irene Cottage Hospital was established in Peace River town, and in recent years has been modernized and fully equipped. The Red Cross Society since 1920, has established several nursing outposts, one of the chief of them being at Pouce Coupe in the Peace River country.

For several years the Victorian Order of Nurses was largely responsible for the

maintenance of the hospital in Athabasca. Later it became a municipal hospital. With the coming of the trans-Canada railway, hospitals were opened in Edson, a divisional point of the C. N. R., the present one being operated by the Sisters of Service, and the Jasper Park Hospital operated by the Sisters of St. Vincent of Charity.

It would take too long to relate the many factors that go with the establishing of a hospital. In the little town of Islay there was a Lady Minto Hospital which is now a municipal hospital. This hospital serves a large, prosperous farming community. It is said that an English woman on a visit to Canada was alarmed over the need of nursing and hospital service. She came to Edmonton and canvassed business men and Parliamentarians for funds. No one could remember her name but she was known as "The Lady with the Green Veil." She succeeded in collecting quite a large sum of money for this hospital.

In 1918, Alberta set up a separate Ministry of Health and appointed the first Minister of Health in the British Empire. Since that time the Public Health Service has come into being with school nurses, district and child welfare nurses, and health units. The travelling clinic has become a regular institution, meeting as it does, the needs of those so far away from medical, dental and nursing care. The district nurses function miles away from doctors and hospitals, giving their services to homesteaders, lumbermen, trappers, and prospectors.

In 1919, the first municipal hospital was opened at Mannville. Today there are twenty-four such hospitals, providing hospital facilities for over one-third of the rural population.

Skagway, which is in Alaska, is considered to be very far north, but it is sixty-five miles south of the northern boundary of the Prairie Provinces and the north lands still hold our attention. Many of the seriously ill are flown out to Edmonton hospitals for treatment. The ox-cart and the Red River wagon are no more, but the little river steamers ply busily up and down the northern lakes and rivers until freeze-up, serving the material needs of the communities along their banks. Then the dog-teams dash up and down the frozen water, bringing down cargoes of furs, taking back to remote districts needed supplies.

Airplanes and radio have conquered time and space to a large degree. Planes fly "down north" almost daily carrying everything from caraway seeds to pianos. Passengers and freight share the same compartment and the passengers, being of minor importance, are often obliged to use the freight for seating accommodation.

In the adjacent North-West Territory, the mining camps supply their own hospital and nursing service. A little Indian girl who was brought to the Consolidated Mining Co. Hospital at Yellowknife came by dog train 85 miles in 45 below zero weather, ill with pneumonia. She recovered under the care of Dr. and Mrs. Stanton — Mrs. Stanton is a graduate nurse!

Nursing Care in Surgical Goitre

The policy of having special hospital teams to develop the treatment and surgical technique for specific surgical diseases has become widely established in the larger centres. The Mayo Clinic was one of the first to recognize the value of this arrangement. In the Montreal General Hospital a "goitre clinic" was established many years ago and about five thousand patients have been under the control of a permanent staff of surgeons, nearly 95 percent of all goitre operations are performed by members (or ex-members) of this staff who have been specially trained. As a direct result of this policy, a detailed programme of pre-operative care, operative technique, post-operative treatment, and care during convalescence has been perfected and this has produced a reduction in mortality and a larger percentage of patients restored to an economic efficiency.

One of the major factors in the success obtained has been due to the trained and experienced nursing care the patients receive. In the public wards, the majority of goitre cases requiring surgery are females, and special small wards have been used for them. Here, a Sister-in-Charge of a major surgical division has entire control over their nursing attention and trains a large number of nurses yearly in this special line of work.

No post-operative patient is in greater need of specially trained and experienced nursing than the one with severe Graves' disease. After operation the skilled observation, the prompt therapeutic aids, the easy and effortless care of the dangerously ill patient frequently determine whether the patient recovers or not. A report on the nursing methods as carried out in this thospital should be of value to those who are in charge of, or are actually nursing cases of toxic goitre.

—Chas. K. P. Henry, Director of the Goitre Clinic.

The treatment and care of goitre patients adds a most dramatic factor to nursing experience. With proper care definite results can be seen in a short time, and, what is more, much of the actual treatment depends largely on the efforts of the nurse herself. Consequently, from this type of work she derives tremendous satisfaction. In the Montreal General Hospital these patients are referred to hospital through the Goitre Clinic. If not toxic, they are sent to the surgical wards for early operation; otherwise to the medical wards for pre-operative treatment and rest. This rest period, in toxic cases, is considered essential for a safe operation. There is, of course, a wide variety in the different diseases of the thyroid gland but it is the cases of acute Graves'

disease and of toxic adenoma which require such rigid treatment and nursing care.

The symptoms of these two maladies are somewhat similar and include marked nervousness; restlessness; mental irritability; loss of weight and strength; moist and clammy skin, with frequent sweats; intolerance of heat; tremor of the hands; quadriceps weakness; rarely, vomiting and diarrhoea; bulging and staring eyes; usually a normal temperature, a rapid pulse of 120 to 140 and sometimes myocardial changes.

Once the patient is admitted, the nurse's duties begin. She must endeavour to put the patient at her ease, to allay fear and apprehension and by so doing gain her confidence. The new régime must be explained and once the situation is understood it is surprising how ready these patients are to co-operate; they are so very anxious to get well. Some, of course, are more difficult to manage. These are usually the more toxic ones. They seem to be in constant motion, moving from one end of the bed to the other, scratching their bodies and biting their finger-nails. It is for this type that the sedative is increased and ice-packs prescribed. Obviously, the more restless and irritable the patient, the longer will be her rest period, as her own attitude is a most significant factor in her improvement.

As soon as the patient is admitted to the medical ward she is put on "routine thyroid orders". These consist of the following:

Complete bed rest.

A quiet atmosphere. No visitors are allowed. The patient is either screened or put in a separate room. Activity is limited. The patient is bathed by the nurse and sometimes even fed. Seldom are writing letters or reading allowed.

A high carbohydrate diet is given. Plenty of milk takes the place of tea and coffee.

A sedative drug, such as luminal, is given b.i.d.

Lugol's solution is given, as ordered, in large quantities of water or milk and is taken with meals.

Digitalis is given as ordered.

An ice-bag is applied to the precordium.

Cool spongings, ice spongings, or ice packs may be given twice daily as a sedative. The ice-pack, as now used in the Montreal General Hospital was first introduced there in the treatment of Graves' Disease several years ago. Two nurses are required to give this treatment and the procedure is as follows:

Place ice-cap on head.

Remove upper bed-clothes and replace by a flannelette blanket.

Place a rubber sheet covered with a flannelette blanket under the patient.

Wring a flannelette blanket out of cold water; fold once and place under the patient.

Wring a second flannelette blanket out of cold water and wrap about patient in such a manner that no two body surfaces are in contact with each other.

Distribute finely cracked ice over the upper blanket in such a way as to cover the anterior surface of the body. The nurses then exert gentle friction to keep the ice particles in motion. A hot water bag is applied to the feet.

The ice-pack is continued for ten minutes and the condition of the patient is closely watched throughout. The treatment relieves restlessness, lowers

the pulse and metabolic rates, and induces sleep more quickly than the ice-sponging. But, as it is more drastic, it is used only in severe toxicity. At first the patients object to the ice spongings or packs but they soon look forward to this treatment because of the feeling of well-being which they experience.

Soon after admission a basal metabolic rate is estimated. This test should never be done the morning after admission. The patient should be given a day or two in which to adjust herself and the character and purpose of the test must be carefully explained to her. No food or fluid of any kind is given after 6 p.m. the evening before and she is settled for the night at 7 o'clock. The test is done early in the morning. The rates are recorded in sequence, along with the weight and pulse rate, the test being repeated about every five days. The dosage of Lugol's solution is regulated according to the basal metabolic rate.

The rest period ranges from ten days to a month and varies with each case. A favourable time to operate, however, is that period when there is a fall in the B.M.R. (under 50) a fall in the pulse rate (under 100), and a steady gain in weight. Once this condition is reached operation should not be delayed. The state may be only a temporary one and any outside factor, such as infection or some emotional crisis, may increase the B.M.R. In such an event, the operable opportunity may be lost.

It is remarkable how quickly most patients respond to treatment. Within a few days they become quieter, the pulse is slower and they feel stronger. Sometimes they seem so well that they think they have been cured without operation. Then it must be explained that this apparent state of well-being is not permanent and that operation is necessary for complete recovery.

Apart from the regular hospital laboratory tests, there are special tests which are routinely carried out. For example:

Basal metabolic rate, every five days, as mentioned above.

X-ray of the upper thorax and neck to show possible displacement or compression of the trachea.

Electro-cardiogram.

Examination of the larynx and vocal cords.

Each of these tests may show some positive finding causing the delay of the operation.

After transfer to the surgical ward, the patient is given a few days in which to adjust herself, and is then prepared for operation. The routine treatment is continued as in the medical wards. In the majority of cases it is advisable to let the patient know a few days ahead of time when the operation is to take place. She is generally pleased that her condition has improved to that extent and is anxious to do all in her power to help. Some, however, become more nervous and excitable and the pulse-rate increases. There have been cases whose pulse-rates, even under medication, so increased that the operation had to be postponed. In that event, the patient is kept under sedatives for several days and taken to the operating room without being told. This complication, fortunately, seldom occurs.

The actual preparation consists of a hair shampoo the day before operation and a surgical scrub of the neck and chest with soap and water followed by ether, alcohol, and dilute iodine. One visitor is allowed for five minutes only. The usual dose of luminal is given at bed time and a cleansing enema is given at eight o'clock. Routine pre-medication consists of Nembutal and morphia, administered three-quarters of an hour

before operation, the dosage depending on each patient. In order that the patient will not have time to become anxious or restless the operation is posted for the early morning. The pulse is always checked before the patient leaves the ward and any marked increase is reported at once to the interne.

The attitude of the doctors and nurses in dealing with these patients cannot be stressed too much. A case in point is a girl of twenty with a B.M.R. of 45. Pre-operatively she was very difficult to manage, unco-operative, and very displeased with her enforced period of rest. Infiltration with novocaine is the anaesthetic of choice, but this girl was determined to have a general anaesthetic. It was quietly explained to her that the surgeon much preferred local anaesthesia, and wanted her co-operation. But she was also told that at any point in the operation when she became at all uneasy she could be given some supplementary gas. "That is all I want to know" she replied. Her behaviour throughout the whole operation was exemplary and novocaine alone was used.

On return to the ward the patient is watched carefully for bleeding, respiratory distress, and the collection of mucus in the throat. As she invariably asks to drink, great care must be taken to give only sips of water to guard against choking. The patient is turned on her right side for the first few hours to relieve strain on the heart. About four ice-bags are placed at the sides of her chest to act as a sedative pack. She is kept quiet with morphia. Every four hours, six ounces of 5 percent glucose saline, containing the required amount of Lugol's solution and digitalis, are given rectally until the patient is able to take her medicine by mouth. Sometimes these salines have to be given for two days but more frequently the patient is drinking well by the end of twenty-four hours. In severe cases when there is shock, intravenous infusions are given but only in small quantities to avoid strain on the heart.

For the first few days there is frequently a febrile reaction, (100° to 102°) with a corresponding rise (120-140) in the pulse-rate. There is comparatively little pain, the main discomfort being difficulty in swallowing, and the collection of mucus. Linctus codein, given in hot water relieves this condition at once. The voice itself may become affected. It is often husky and at times the patient cannot talk above a whisper. For this condition steam inhalations are of value. A routine post-operative laryngeal examination is done in all cases. Sometimes electrical stimulation is ordered when the voice has completely disappeared but generally, with rest, it returns to normal.

The post-operative course is, however, remarkably smooth. The same principles of quiet, rest, and nourishing food are employed as before. Improvement in the patient's condition can be noted daily. She becomes calmer, more reasonable, and even the stare eventually disappears. In some cases the whole disposition of the patient seems changed.

The Lugol's solution and digitalis are gradually decreased and tonics, such as an appetizer and an iron mixture are given. A routine B.M.R. is estimated about two weeks following operation. If the test is satisfactory, the patient, feeling better than she has for years, is ready for her long convalescence. Although she may think this convalescent period unnecessary she is so grateful for all that has been done for her that she is willing to obey all orders. She is given a sheet of instruction on which are written the length of her rest period, a list of suitable foods, her medication and the day on which she is to report

This illustration shows the correct position for the first twenty-four hours following thyroidectomy. Note the slight elevation of the head and the ice bags placed at either side of the chest in such a manner that they do not interfere with respiration.

to the clinic. Every case is watched in the clinic for several years.

Although complications in the post-operative course are rare, when they do occur they are of a very serious nature. For this reason the nurse must be on the constant watch for any untoward symptoms. These may be:

Excess bleeding, requiring a re-suture.

Dyspnoea, or a choking sensation, due to pressure from a blood clot. This, too, may require a secondary operation.

A feeling of numbness, followed by convulsive spasms, indicating tetany.

During the past year, at the Montreal General Hospital, two cases of tetany have occurred after thyroidectomy. This is due to the removal of, or an injury to, one or more of the parathyroids (the glands influencing the regulation of calcium). The condition, if recognized early, can be relieved by the administration of concentrated calcium and a special diet.

Tachycardia and hyperpyrexia indicate a thyroid crisis and for this condition the Lugol's solution and digitalis are increased and sedative ice-packs ordered. All these complications must be treated as emergencies. Unless they are recognized, reported, and treated immediately the patient's life may be lost.

This constant vigil, and the maintenance of the rigid pre-operative régime, are factors in the care of goitre patients that make heavy demands upon the intelligence and skill of the nurse. But to witness the spectacular disappearance of adverse symptoms, and the rapid transformation of a nervous and irritable patient into a well and happy person is, indeed, a stimulating and rewarding experience.

—MARGARET FAIRWEATHER

Holiday in the Near-East

HAZEL A. GOFF

When D. and I got on the express for Ankara we were headed for Birijek, a tiny village in the Taurus Mountains, where the American Mission formerly had a children's camp. Two mornings later we arrived at a dusty station on the dry plain, were dumped into a rickety car and jolted and whirled like tumble-weeds up the mountain side for an hour, then suddenly dropped bag and baggage by a rail fence, which led into lovely, sweet-scented pine woods with a back-drop of sheer granite cliff. Into D.'s delightful cottage, with its broad terrace, casement windows, huge fire-place, and big arm-chairs, we quickly snuggled. Divided skirts and sweater suits took the place of uniforms. A charming American family in another cottage provided our meals, good conversation and other comforts.

The mornings we spent in gardening or exploring. An hour of strenuous gymnastics and sun-bathing was followed by an icy shower from a mountain spring after which our thoughts turned to food. In the afternoon we read aloud from books which we had neglected all winter. After tea, there were games with the children, a bit of sewing or a hike. It was always dark when the after-supper conversation waned and lanterns were necessary to get back to our cottage, where every evening, when we could find an excuse (also sometimes without an excuse and with the windows wide open) we built a fire. Often the "praying mantis" would fly in and perch itself on the table, solemnly surveying our idleness with incredible irony. By ten (unless the story was too exciting) we were ready to slip into bed on the terrace under four warm blankets and watch the moon come up over the cliffs. The soft sighing of the pine boughs over our heads soon lulled us to sleep until the chattering of the squirrels announced day-break and the odour of coffee, mixed with wood smoke, lured us out of bed.

Sometimes in the night we would be wakened by the deep, soft clang of bells down in the valley from the camel-trains which usually travel after dark to avoid the terrific heat. Often we saw them — eight to ten camels strung together and led by a donkey, the huge, bright red or blue pack saddles almost hidden by huge bales of cotton. They look so ridiculous with the inevitable blue bead attached to their halters to keep off the evil eye. We made several excursions to Ibrahim Pasha's Castle, and to other villages. Everywhere we encountered nomads with their flocks, living in the black tents of Bible history. Occasionally we had a picnic supper on the mountain side. Mostly we were contented just to enjoy the peace, and quiet and beauty of the place.

Then we went down to Adana and Tarsus for a couple of days. There we slept on the roof under nets, but were wakened early by queer noises. On investigation we discovered that they came from a camel-rost next door. A camel was being hobbled and branded on being turned over to a new owner, a state of affairs he was protesting violently. Camels are queer, ugly beasts but fascinating to watch, especially the babies. One is reminded of the story that after the Lord had finished creating all the other animals, he found he had many pieces left over and so, not wishing to waste anything, he joined them together

and thus produced the camel whose disdainful manner is decidedly that of a creature with an inferiority complex.

Everyone lives on the roof or out of doors in summer so we witnessed many strange scenes. Some build a sort of staging on which they sleep to get more air but most of the poor people sleep on a rug on the flat, mud-plastered roof. Usually the whole family sleeps together enveloped in one big, thick quilt. It is amusing to see the mother emerge from one side of the quilt, fully dressed of course, adjust her head scarf and blink around on the scene. Next the father crawls out, drags himself to the roof ladder scratching his tousled pate with one hand and pulling up the cords of his voluminous trousers with the other. Then, one by one, youngsters of different ages and stages of undress appear, until you are tempted to wager how many more rabbits can be pulled out of the bag. The lumps in the quilt all smoothed out, mother rolls it up on one side. Thus, the chamber work completed, and with the smallest naked kiddie under one arm, she follows in the wake of the others over the edge of the roof and disappears.

Life is primitive among those unfortunates. Women and children, armed with oil tins, spend hours gathering up every snippet of animal droppings from the streets, then they make them into flat cakes and plaster them on the walls of the mud huts to dry for the winter fuel. Close by, the old grandmother spreads out the wheat to dry on old blankets for the winter porridge and seems quite oblivious to the fact that walking over it in bare feet may not improve its keeping qualities.

Tarsus was more to my liking than Adana. It is a homey, solid town with its sturdy stone houses and lovely community garden, but the famous St. Paul's gate is tumbling down. From there we motored back to Birijek through the mountains. It is beautiful but one cannot forget the atrocities that mountain range has witnessed and made possible.

This year vacation came in July and we went to Ephesus and to Bergama. In Ephesus, the renowned street of the silversmiths, who condemned Paul for preaching against the worship of pagan gods, thereby reducing the sale of their silver offerings, is now inhabited only by bees and tiny silvery lizards. The acoustics of the huge theatre are perfect and much credit must be given to the early engineers. Even hot water heating systems indicate that comfort was not neglected. The Temple of Diana makes the construction of our present day houses of worship seem like child's play. The ruins have been so picked over by the German archaeologists that there is little left on which to exercise one's imagination unless one is an ardent Bible scholar. However, the location is lovely and one can easily realize why Ephesus was one of the most important cities in Asia Minor two thousand years ago.

Bergama is most impressive and exciting. There the Greeks built an imposing citadel and fortress, surrounded by three separate walls, which gave them command of the countryside for miles. Nothing was omitted — aqueducts which brought water forty miles, immense wine and oil cellars, granaries, theatres with a movable stage, schools for all ages, gymnasiums, public baths and laundries, courts of justice, temples of worship and hospitals. There one finds an excellent example of an early Greek hospital. To-day the lower part of the Temple of the Gods, where patients worshipped on admission, is in an almost perfect state. The underground corridors, where they slept the first nights and dreamed of the necessary treatments, were at least cool and roomy

and the baths were well worn. The porch for sun treatments was carefully planned, a huge court for gymnastics and the lovely white marble open-air amphitheatre doubtless afforded diversion. Five hundred volumes of Galen's works were found in the library. In the museum are many quaint mementoes for it was the custom to leave a clay plaque of the part of the body diseased, as an ear, a finger, a broken ankle, or a heart, as a sort of visiting card. We left no cards but were a bit awed by the knowledge of hygiene and psychology which some of our pagan ancestors evidently possessed and used in a practical way two thousand years ago.

Our trip on a Turkish boat from Smyrna to Rhodes was an absolute contradiction to all the early hygiene teachings we witnessed in Bergama. With water, water everywhere, they never saw fit to use any of it on deck and we were overjoyed to see the harbour of Rhodes on the third day. This lovely island, just off the coast of Turkey, now belongs to Italy.

Rhodes dates from 1000 B.C. and has had many famous periods, especially from 1300 to 1522 when it was occupied by the Knights of the Crusades from Germany, France, England and Spain, until taken by the Turks. The city is walled and entered by various gates by drawbridges over a wide moat. The story goes that Suleiman, the Magnificent, when he took the city in 1522, lost over ten thousand soldiers. These he piled into the moat, in place of the missing bridge, and marched his men over them, battering down the gate to enter the city. It is true there is a huge Turkish cemetery at that point which they are now moving to make a public park. Since 1912, when the island fell to Italy, much has been done to make it an attractive tourist centre. Old castles are being restored, marvelous roads have been built, model villages are being constructed and, best of all, the new architecture is being kept in harmony with the old. Strangely enough, three-fifths of the fifty thousand inhabitants are Greeks who carry on rug-making, small vineyards and small farming. Here, in 300 B.C., the huge bronze Colossus, then one of the seven wonders of the world, was supposed to bestride the harbour. In its place, on one tall column, are figures of the Roman wolf with Romulus and Remus, and on the other, a huge stag, the symbol for Rhodes.

The principal attraction on the island is the walled city of the Knights. Those formidable walls and castles of medieval construction recall the faith, courage, sacrifice and wealth, as well as the ability of the Crusaders. The largest castle is now being repaired for use as a Government House. The former hospital has been made over into a museum in a most attractive fashion. We made a trip about the whole island and in many places saw other Crusaders castles, in the most exquisite locations. The countryside is particularly picturesque in sections where they use old windmills for irrigation.

The food was marvelous and much enjoyed after my usual fare. Despite the heat a constant breeze kept up the illusion it was cool. The clean, broad streets, artistic buildings, picturesque police guards, *chic* naval officers, well-kept gardens, tall geraniums, masses of hibiscus, garlands of bougainvilia on all the walls, church bells, soft voices, the clump-clump of ambling horse-cabs, the splash of the waves, all gave one a sense of quiet and well-being. Our greatest disappointment was that we could not spend more time in Cos. Two hours in the harbour at 4 in the morning was tantalizing, but we had to let Hippocrates rest there, unadmired.

In Memoriam

At a time of great anxiety and turmoil this country has lost a wise ruler, a kindly philosopher, and a great gentleman. We can add very little to the magnificent tribute already paid to Lord Tweedsmuir except to claim a share in the sincerity and affection which prompted it. But there is one aspect of his character of which nurses have a special understanding and that was his capacity to bear pain with fortitude and even cheerfulness. Never a robust man, and harassed by all manner of irritating concerns and duties, he faced them with unfailing patience and good humour. There does not seem to be any doubt that he was happy in Canada, for he himself said that his roots had gone deep. Perhaps the journey in the Far North was the most rewarding of all. Certainly the pictures made at that time show him in an eager and responsive mood.

Lord Tweedsmuir has left a precious legacy in his books and in the record of his spoken words. Here are some to be held in remembrance: "Our business is not only with eternity but with time, to build up on earth the Kingdom of God, to enable men to live worthily, and not merely to die in hope."

Margaret Breay

A gallant figure passed from the earthly scene when Margaret Breay died on December 19, 1939. She entered the School of Nursing of St. Bartholomew's Hospital, London, in 1885, and after a varied and interesting professional career at home and abroad became associate editor of *The British Journal of Nursing*. For more than forty years, the close collaboration existing between the editor-in-chief, Mrs. Bedford Fenwick, and Miss Breay resulted in the production of a professional journal characterized by originality, fearless thinking, and invincible courage.

Everything which Miss Breay wrote had a distinction all its own. Future historians will be grateful for her vivid and authoritative accounts of important national and international nursing events in which she herself took an important part. Time cannot destroy the vitality and charm of her narrative.

Even at the end, the gallant spirit did not falter. Although she was very ill when war broke out, she refused to have a fire in her room because "it was taking it from the soldiers". Of Margaret Breay it may truly be said that she was worthy of the honourable tradition to which her life was dedicated.

The following expression of sympathy and respect has been received from Miss Effie J. Taylor, President of the International Council of Nurses, with the request that it be published in this *Journal*:

The International Council of Nurses, through the pages of *The Canadian Nurse*, records its deep sympathy and personal loss

in the passing of Miss Margaret Breay, who has given more than half a century of service to the profession of nursing, and has devoted herself to its interests both as a national figure in English nursing and as one of the first members of the International Council of Nurses.

Miss Breay, while modest and retiring in personality, was a woman of marked intellectual ability and had great facility in writing.

As assistant editor of the British Journal of Nursing for over forty years, Miss Breay was known wherever that Journal was distributed, and side by side with its brilliant editor, Mrs. Bedford Fenwick, she endeavored to hold fast the standards of nursing in which they so firmly believed.

Miss Breay will be greatly missed when the International Council of Nurses again assembles, as she has been a prominent member of the Grand Council, as a representative from the National Council of Nurses of Great Britain, and has served the International Council of Nurses as an officer and as a committee member for over forty years. Unselfish devotion such as that shown by Miss Breay is seldom found.

It is with a deep sense of obligation to Miss Breay as a personality and as a devoted and valued member of the profession of nursing, that the International Council of Nurses extends its sympathy to her close associates in England, and records our own loss in the death of one of our most esteemed and useful members.

Obituaries

Helen M. Baynes died on January 19, 1940, in the Ross Pavilion of the Royal Victoria Hospital, Montreal. She was a graduate of the School of Nursing of the Royal Victoria Hospital and a member of the Class of 1902.

Nora Foss, who had been for nearly twenty years matron of the Lancaster Military Hospital, died recently in the Saint John General Hospital. Her bright and charming personality made her greatly beloved by a host of friends. She graduated from the School of Nursing of the Saint John General Hospital and was among the first of the nurses from Saint John to go overseas for service in the last war. Shortly after her return she was appointed matron at the Lancaster Military Hospital and filled that position with conspicuous success until her retirement about two years ago.

Frances L. Knuckey died recently after a long illness. She was a graduate of the School of Nursing of the Saskatoon City Hospital and gold medalist in the Class of 1931.

Annie Rebecca Moore died at Gibsons Landing, B.C., on February 1, 1940. Miss Moore was a graduate of the School of Nursing of the General and Marine Hospital, Collingwood, Ontario, and practised her profession for the past twenty years in British Columbia.

Florence Russell Stevenson died on January 26, 1940, in Québec, P. Q. Mrs. Stevenson was a graduate of the School of Nursing of the Montreal General Hospital and a member of one of the very early classes. She later became the wife of Dr. James Stevenson.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

A Mark of Respect

At the funeral service of the late Governor-General, Baron Tweedsmuir of Elsfield, the Canadian Nurses Association was represented by the First Vice-President, Miss Elizabeth L. Smellie, C.B.E., R.R.C.

Membership

In 1930 the Canadian Nurses Association became a federation of the nine Provincial Associations of Registered Nurses. At that time 8,023 registered nurses were members of the provincial associations. At the end of the year 1939, the total membership of the provincial associations had reached 16,758, an increase of almost 52 per cent in a ten year period.

In giving this customary annual accounting on membership the time seems opportune to enumerate the objects for which the Canadian Nurses Association carries on. These are: to promote national unity among the nurses of Canada; to elevate the standard of nursing education and practice in order to render the best type of public service; to stimulate in its members an active interest in community welfare; and to encourage an attitude of understanding towards the nurses of other countries.

Numerical strength is an important factor in any organization and becomes notably significant in a professional group whose geographical boundaries are as extensive as those of the Dominion of Canada. However, numbers alone never shall achieve the objectives of the National Organization. The very best contribution of the individual nurse is a most necessary factor whereby a forward movement for nursing in Canada can be assured.

General Meeting

As announced in the January and February issues of the *Journal*, the twentieth General Meeting of the Canadian Nurses Association is to be held in Calgary instead of in Banff, Alberta. The dates are June 24-29, 1940. It is recommended that early reservation for accommodation be made by those who wish to secure the same at c o n v e n t i o n headquarters, Hotel Palliser.

Transportation

The Canadian Passenger Association has advised that the most advantageous excursion rates for those who wish to attend the general meeting in Calgary will be the regular summer tourist rates. These rates are obtainable for (1) twenty-one days, and (2) until Octo-

ber 31, 1940; both offer standard and tourist accommodation. These excursions permit travel, if preferred, via the Great Lakes route. Detailed information can be obtained from all ticket offices of the Canadian National Railways and the Canadian Pacific Railways. Both railways offer several optional routes and stop over privileges. Those who wish to visit the Pacific Coast either prior to or following the General Meeting will find that additional travel costs are most reasonable.

Special Social Functions

The Programme Committee plans to leave one evening free so that alumnae and other groups can arrange for their special parties. Miss Margaret Fraser, Royal Alexandra Hospital, Edmonton, is convener of the special social functions committee. Miss Fraser will be pleased to give further information and to make reservations for those wishing to arrange for special parties. The Hotel Palliser is well equipped to take care of numerous social functions.

Hotel Accommodation

Nurses who wish to secure accommodation at the Hotel Palliser are urged to make early reservation. Such requests should be addressed to the Manager, Hotel Palliser, Calgary. Most reasonable rates are offered to members of the Association. The Committee on Arrangements have also submitted rates for accommodation elsewhere than at the convention headquarters. The rates for Hotel Palliser and elsewhere are quoted herewith. The rates quoted are per diem, except when otherwise stated. The prefix "S" means single room; the prefix "D" means double room.

Hotel Palliser—S.R., $3.00; D.R., $2 00; 3 in a room, $1.25; each room has connecting bath.

York Hotel—S.R., $1.50; D.R., $1.25.

Wales Hotel—S.R., $1.75 - $2.50; D.R., $1.25 - $1.75.

Empress Hotel—S.R., $2.00 or $12.00 per week; D.R., $1.50 or $9.00 per week.

Braemar Lodge—S.R., $1.50; D.R., $1.00.

Rooms without bath at slightly lower rates than those quoted above are available at the York, Wales and Empress Hotels and at Braemar Lodge. The Wales and Empress Hotels are termed "family hotels".

Any nurse who wishes additional information relative to accommodation should write to Miss Mary Maclear, 1707 Broadview Road, Calgary, Alberta. Miss Maclear is convener of the sub-committee on housing of the committee on arrangements for the General Meeting.

Nightingale Memorial Fund

Contributions to the Florence Nightingale Fund have been received from:

Ontario:

A.A., Oshawa General Hospital, Oshawa	$ 5.00
A.A., General and Marine Hospital, Owen Sound	10.00
A.A., Nicholls Hospital, Peterborough	5.00
A.A., Toronto Western Hospital, Toronto	15.00

The R. N. A. O. Annual Meeting

As in former years, the Annual Meeting of the Registered Nurses Association of Ontario will be held during Easter week. The meeting this year is in Ottawa at the Chateau Laurier on March 27, 28 and 29. The Board of Directors will meet on Tuesday, March 26, and on Wednesday morning, March 27. The general meeting opens at 2 p.m. on Wednesday, March 27, and the programme has been outlined tentatively as follows:

Wednesday, March 27

Afternoon Session:

Addresses of welcome.
Report of secretary.
Report of treasurer.
Appointment of resolutions committee.
Appointment of scrutineers.
Reports of standing committees with discussion.
President's address.
Budget.

Evening Session:

Banquet at 7.30 p.m. The name of the guest speaker will be announced later.

Thursday, March 28

Morning Session:

Reports of District Associations.
Reports of special committees.
Report of refresher and extension courses at the University of Western Ontario, and the University of Toronto.

Afternoon Session:

Report of *The Canadian Nurse* Provincial Circulation Committee (followed by a brief comment by Miss Ethel Johns, "Editorially Speaking").
Report of the activities of the Council of Nurse Education.
Report of the Committee on the formation and re-organization of Registries.

Evening Session:

8.00 p.m. This session will take the form of an open meeting. Addresses on "Changing Trends in Education" will be given by Miss Catherine I. MacKenzie, Principal, High School for Girls, Montreal, and by Miss Marion Lindeburgh, Director, School for Graduate Nurses, McGill University.

Friday, March 29

Morning Session:

Business meetings of Sections.
At the ensuing general meeting, "Co-operative planning in nursing with Demonstration" will be directed by Miss Winnifred Cooke, theoretical instructor, School of Nursing, the Ottawa Civic Hospital, assisted by members of the staff.

Afternoon Session:

Reports of Sections.
Report of resolutions committee.
Unfinished business.
New business.
Results of election of Officers.
Adjournment.

The members of District 8 are entertaining the delegates at a tea on Thursday afternoon. Following the open meeting in the evening, there will be a swimming party at the Chateau Laurier Pool for all delegates attending the Convention.

We are very pleased to announce that all commercial firms, who had exhibits at former meetings, have reserved space in Ottawa. The Association greatly appreciates this co-operation, and trusts that the attendance of the nurses will at least reach, if not exceed, that of other years.

On Saturday, March 30, there will be a meeting of the Board of Directors.

Matilda E. Fitzgerald,
Secretary-Treasurer: Registered Nurses Association of Ontario

THE M.A.R.N. ANNUAL MEETING

The annual meeting of the Manitoba Association of Registered Nurses will be held on the afternoons of April 11, 12 and 13 at the Fort Garry Hotel, in Winnipeg. Luncheon meetings, sponsored by one of the three sections, will precede the afternoon sessions. On Thursday, April 11, there will be a luncheon for the Nursing Education Section followed by the reports from the provincial graduate nurses associations, and an address, "Conserving the Elements of Good Citizenship," by one of the University professors. The evening session will begin with musical numbers rendered by student nurses from the various schools. A prominent surgeon will give a talk on chest surgery, and a film portraying a lobectomy operation will be shown. The Brandon Graduate Nurses Association have been invited to put on a symposium on good nursing care, from the point of view of the instructor, the head nurse and the patient.

On Friday, April 12, the Private Duty Section will sponsor a luncheon followed by a business session. An address will be given by a psychiatrist, followed by an explanation of the nursing care of mental patients. The occupational therapist will speak on the place of this important therapy in the treatment of mental patients. An address will be given by a specialist, on ear infections, followed by a demonstration of teaching methods employed at the School for the Deaf.

On Saturday, April 13, the luncheon will be sponsored by the Public Health Section. "Integrating the health aspect in the student nurses curriculum" is the title of an address to be given by Miss M. Wilkins, health instructor, Winnipeg General Hospital. "The preparation of the teacher for the development of a health programme in the schools" is the topic chosen by Miss V. Hannon, health instructor, Winnipeg Normal School. "A Health Play" will be directed by Miss R. McElheran, Winnipeg School Health Service. A demonstration of a student round table conference will be given by Miss E. McDowell. Detailed arrangements for the annual dinner will be announced later.

GERTRUDE HALL,
Executive Secretary: Manitoba Association of Registered Nurses

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THE R.N.A.B.C. ANNUAL MEETING

The annual meeting of the Registered Nurses Association of British Columbia will be held at the Empress Hotel, Victoria, B. C. on March 29 and 30. At the time of going to press, full details were not as yet available.

THE A.A.R.N. ANNUAL MEETING

The annual meeting of the Alberta Association of Registered Nurses will be held on Easter Monday, March 25, at the Hotel Palliser, Calgary. The main feature of this one-day business meeting will be the official welcoming into being of the seven organized Districts of Registered Nurses, a brief outline of which appears elsewhere in this issue of the *Journal*.

The R.V.H. Canteen

H. Aline Paice

The happy people shown in this picture are gathered around the counter of the Canteen in the out-patient department of the Royal Victoria Hospital Montreal. The primary object was to provide suitable and inexpensive food for out-patients and their relatives who were detained over the noon hour or who had come from long distances and would be late in getting home. Some were able to pay a small amount (ten or fifteen cents) but others were not and were given free tickets from the Social Service Department.

The Canteen was first started in 1930, when the Hospital put in the equipment and the Junior League volunteers took on the management. It was staffed by four or five volunteers who, each day, prepared and served the meals. The service proved very popular and the proceeds were given to the Social Service Department. Later, the Junior League decided to discontinue their volunteer service, since they had proved that there was a need for a canteen and were assured that it would be kept open. The Alumnae Association asked if they might carry on in order to see whether, with a paid staff, the Canteen would still be profitable and, in September, arranged with the Hospital to take over the service.

Many others beside the patients pa-

tronize the Canteen. These include the clerical staff, the attending physicians, internes, medical students, staff and student nurses when off duty. The average expenditure is about 15 cents and 150 people are served daily. Indigent patients are still given tickets by the Social Service Department and milk is supplied to the children. The menu includes soup, beans, spaghetti, sandwiches, pies and cake, tea and coffee, milk and fruit juices, and ice cream. The equipment consists of tea and coffee urns, (inherited from the Hospital); 2 gas burners; an icebox; an ice cream refrigerator; a small dish sterilizer.

The staff is under the direction of Miss N. Enright who is herself a member of the Alumnae Association. There are two maids, one of whom works from 9 a.m. to 5 p.m. and the other from 11 a.m. to 2 p.m. In addition, the canteen committee arranges for the services of twelve regular volunteers, all of whom are alumnae members. They work in teams of two, each day of the week, and are of great assistance with the routine work and in helping out in any emergency.

Financially, the venture is proving a great success, probably because the Canteen is open for a longer period of time than formerly and great economy is exercised. Supplies are bought at wholesale prices through the Hospital purchasing department and careful handling of food avoids waste. The patients and other clientele seem to enjoy the informal social contact; they congregate on the benches in the waiting room in small groups and spend a few minutes in a thoroughly democratic atmosphere.

The Social Service Department receives 75 percent of the profits, which are used to buy such prosthetic needs as glasses, surgical belts, braces, etc., for indigent patients. The remaining 25 percent reverts to the Alumnae Association for the Special Benefit Fund. In addition to the Sick Benefit Fund, which takes care of the graduate nurses when they are ill, the special benefit fund was created to be used in helping any member who may require temporary assistance in an emergency. The Alumnae Association is to be congratulated on the success they have made of this social service venture.

Extra-pleural Pneumothorax

ESTELLA HAYES

The subject of this study is a single man, twenty-two years old, five feet eleven inches tall, who upon admission weighed only 119 pounds. As a child he was healthy and his home conditions were good; he lost no time at school due to illness, and after graduating from high school, was employed as an office clerk. In 1933, his father died of pulmonary tuberculosis and although an X-ray examination in May showed nothing diagnostic of tuberculosis, by July of the same year he developed pleurisy with effusion on the right side of the chest. This was aspirated once and he stayed in bed at home for a month and rested partially for three months. He went back to work as a time-keeper for about six weeks and remained fairly well until January, 1937, when he began to

feel tired and lose weight. However, in February he began work again as an office clerk continuing until May when he consulted a physician because of pain in his chest. He was examined at the tuberculosis clinic in the Health Centre and admitted.

A thorough physical examination revealed that although his temperature and pulse were normal, he had a high sedimentation rate, and a slight cough. Sputum on examination for tubercle bacilli was negative; he complained of fatigue and loss of weight but there were no gastro-intestinal or urinary symptoms. The X-ray showed an intensive bilateral pulmonary tuberculosis involving the upper half of both lungs, particularly the apex and the first interspace of both the right and left lung. He was put on strict bed rest and was taught the meaning of rest in the treatment of tuberculosis. His general condition began to improve. His temperature was not over 99.2° and the pulse about 100, he had no cough and very little sputum. He gained weight and his appetite and digestion were good.

In January, 1938, he developed gastro-intestinal symptoms and was put on a bland diet. Sun-lamp treatments were given, but by March the X-ray showed progression of tuberculous disease in the upper third of the right lung; in the left lung there was very little change. Intra-pleural pneumothorax was attempted three times on the right side but the attempts were unsuccessful and in September, 1938, it was decided to establish an extra-pleural pneumothorax on the right side.

This procedure is a form of collapse therapy in which the parietal pleura is stripped from the chest wall by a surgical operation, thereby creating a space into which air can be introduced and the collapse maintained. After its creation, this form of pneumothorax differs from the usual intra-pleural pneumothorax in that the collapsed part of the lung is covered by the parietal as well as the visceral pleura.

It is essential that the trachea and bronchi be kept clear of secretion during the operation so a hot drink was given to encourage him to raise sputum. On the morning before the operation the area was shaved and cleansed with green soap and alcohol. In the evening the area was painted with Tr. Metaphen, covered with sterile sheet wadding and a binder applied. The painting was repeated in the morning about two hours before operation and a sedative was given.

Avertin and Cyclopropane were given for anaesthetic purposes. This type of anaesthesia is considered satisfactory on account of the high oxygen concentration, the quietness of the respirations, and the absence of coughing. The incision was made parallel to the scapula, one and one-half inches from the vertebral border with the middle over the fourth rib. Four and one-half inches of the fourth rib were removed and the parietal pleura was stripped from the chest wall so that the lung could be dropped entirely below the level of the fourth rib opening.

The usual post-operative nursing care was given and the dressing was watched for staining. The bed was elevated at least forty-five degrees in order to prevent a blood clot from adhering to and stretching between the freed apex of the lung and the wall of the cavity. Such a clot might later organize and form adhesions. For one week after operation, the patient's temperature ranged between 99 and 101 degrees. His pulse was 100 to 110; respiration between 20 to 24 per minute. He was put on liquid diet for two days and then soft diet.

On the afternoon following operation, twenty-five cubic centimetres of air were introduced into the second interspace anteriorly. Air was given every day for five days and then allowed to go three days between re-fills. On the eighth day the sutures were removed. This operation is like thoracoplasty in that a large quantity of blood serum collects in the cavity and 215 c.c. of bloody serum were aspirated from the right side of the chest. His condition remained good and two days later the right side was again aspirated and 425 c.c. of dark red serum were obtained. In five days time, only a very small amount of fluid was again aspirated. The interval between re-fills of air was gradually increased and by December 1938, the time was extended to two weeks, with 100 to 200 c.c. of air at each re-fill. During this time he was fluoroscoped frequently.

Although this patient was checked as a contact following his father's death, he was lost track of later. He then developed pleurisy with effusion and in spite of that warning did not receive sanatorium treatment until he had extensive bilateral disease. When the simpler forms of treatment failed, collapse therapy was necessary but attempts to give him intra-pleural pneumothorax failed. Since it was not the type of disease for a thoracoplasty operation, it was decided a suitable case for a newly devised operation, which has already been described, known as extra-pleural pneumothorax. It is interesting to note that this was the first operation of this kind to be performed at the Saint John Tuberculosis Hospital.

The patient has maintained compression over seven months. His clinical condition shows improvement, the sputum remaining negative and the sedimentation rate normal.

Pageantry at the V.G.H.

ELSPETH MONTEITH

The Alumnae Association of the School of Nursing of the Vancouver General Hospital recently gave a delightful dinner in honour of the Gradu-

ating Class of 1940. Arrangements were in the capable hands of Miss C. Walker, and presiding at the head table, was Miss Alison Reid, our newly elected president. With her were Miss Grace M. Fairley, the honourary president; Mrs. H. Heal, retiring president; Miss H. Randal, Registrar of the Registered Nurses Association of British Columbia; Miss M. Gray, of the Department of Nursing and Health, University of British Columbia; Miss M. Duffield, superintendent of the Vancouver Branch of the Victorian Order of Nurses; and Mrs. A. K. Haywood. The sixty-two members of the Class were seated at several tables with their graduate "Big Sisters" opposite them, and formality and seniority were forgotten as we greeted old friends and recalled our own training days. One of our members, Alicia Reid, entertained us with songs, and community singing led by Miss Margaret Kerr was much enjoyed.

Later in the evening a Pageant of the History of Nursing was presented by twenty-seven Alumnae members, depicting the upward climb from the first primitive witch doctor to the famous Florence Nightingale and so onward to the professional young woman of today. The characters were introduced by Miss E. McCann and, as a finale, Florence Nightingale (played by Miss Trenna Hunter) stepped from the stage and lighted the candles of the Big Sisters who in turn handed them on to their Little Sisters with this message:

With the symbol of the lamp burning brightly, service never faltering, and faith never failing, the trust of Florence Nightingale and all the Vancouver General Hospital Alumnae passes on, with this tiny candle, into the hands of you, our new Alumnae.

The following are the names of those who took part in the Pageant and the characters they represented:

Miss J. Kennedy, Witch Doctor; Miss F. Cooper, Fabiola; Miss J. Davenport, Paula; Miss I. Loucks, Phoebe; Mrs. A. Grundy, A Knight of St. John of Jerusalem; Miss E. Nelson, St. Elizabeth of Hungary; Miss M. Wright, St. Vincent de Paul; Miss M. Minor, Jeanne Mance; Miss M. Gordon, Betsy Prig; Miss M. Buckland, Sairey Gamp; Miss A. Williams, Frederike Fleidner; Miss O. Shore, Sister Helen; Miss M. Lightly, A 1940 Vancouver General Hospital Nurse; Miss T. Hunter, Florence

Nightingale; Mrs. G. E. Gillies, The first Vancouver General Hospital Nurse; Miss E. Ketchum, A Massachusetts General Hospital Nurse (representing early American trained nurse); Miss M. Steele, Linda Richards; Miss C. Campbell, Agnes Karll of Germany; Miss P. Sherwood, Baroness Mannerheim, of Finland; Miss D. Paulin, Miss Lascelles, of India; Miss H. Dobson, A Visiting Public Health Nurse (after the War of 1914-1918); Mrs. H. Mayers, Miss J. McTavish, Miss G. Pierson, C.A.M.C. Nursing Sisters (1914-1918); Miss F. McQuarrie, Miss Jean Gunn. Miss E. Maguire, the University Graduate in Nursing; Miss G. Noble, representing the Victorian Order of Nurses, and public health nursing.

As this happy occasion drew to a close, all those present voted it to be an outstanding success.

Reader's Guide

No one knows more about nursing in Northern Alberta than ***Miss Blanche Emerson***, supervisor of child welfare in the provincial Department of Health. Her article conveys a keen sense of historical values as well as affording a vivid glimpse of the Albertan landscape.

Miss Margaret Fairweather is the Sister-in-Charge of the Women's Surgical Ward in the Montreal General Hospital and has had considerable experience in the expert nursing care of patients suffering from goitre.

At the time when "Holiday in the Near-East" was written, ***Miss Hazel A. Goff*** was the director of the Red Crescent School of Nursing in Istanbul, Turkey. She has recently been appointed principal of the School of Nursing of St. Luke's Hospital, Cleveland, Ohio.

Miss Estella Hayes is assistant surgical supervisor in the Saint John Tuberculosis Hospital, Saint John, N. B., and describes the various aspects of an interesting case from a preventive as well as a curative point of view.

Miss Elspeth Monteith describes the use of pageantry at a celebration which took place under the auspices of the Alumnae Association of the Vancouver General Hospital.

Does your Alumnae Association need to turn an honest penny? If so, be sure to read about the R.V.H. Canteen. ***Mrs. H. Aline Paice*** is the director of the Social Service Department of the Royal Victoria Hospital, Montreal.

In ***Notes from the National Office*** you will find all sorts of information which will help you to plan to attend the Biennial Meeting of the Canadian Nurses Association.

WANTED

A Nurse Technician to take charge of X-ray Department in the Kitchener-Waterloo Hospital. Applicants will please state experience, and enclose references. Applications should be addressed to:

THE SUPERINTENDENT,
Kitchener-Waterloo Hospital,
Kitchener, Ontario.

STUDENT NURSES PAGE

What it Means to be a Probie

MURIEL GRACE MARQUETTE

Student Nurse

School of Nursing, Ottawa Civic Hospital

Five months ago the meaning of the word "probie" was rather vague. I felt very much like the little probationer to whom the doctor said, "Get me a probe", and who timidly replied, "Won't I do?" The weeks have passed so quickly, filled with study, practical work, and of course some fun too, because life in a school of nursing has its amusing moments. Last September I would never have believed that we could acquire so much knowledge in so short a time. I realize that we have merely scratched the surface, below which we must delve during the next two and a half years and indeed as long as nursing is our chosen profession.

With the exception of two hours in the morning and three hours in the late afternoon, practically all our time has been spent in the classrooms with able instructors introducing to us a new world. Anatomical, medical, and surgical terms floated round our bewildered heads but gradually they acquired meaning even to an ignorant little probie. Anatomy! Who ever realized before what a complicated machine the human body is and how delicately it is balanced? Drugs! On the medical floors how fascinating now to watch the miracle as a pneumonia patient reacts to the administration of Dagenan and gradually returns to the world from which he was slipping. Nursing procedure, with the trials and tribulations of sterile technique! Contamination threatens every move but what a triumph the day you emerge hot and uncomfortable without having once overstepped the margin of safety.

Our first days on the wards are now a hazy memory but probably it is best that that is so. The untiring patience of supervisors and senior nurses, as we struggled with our first beds and asked our stupid questions, seems now almost incredible. A firm resolve has been made to remember that in the future when some timid soul ventures to ask a question. My own embarrassment in similar circumstances is a vivid recollection.

Life on the wards is never monotonous. In no other profession is there such an opportunity for observing people and their reactions under adverse circumstances. The little woman who courageously faced an operation and said, "I'll be down to see you at dinner-time". The man, a Great War Veteran, who in an ashamed tone whispered one day, "Nurse, I wouldn't want the older

nurses to know I am so foolish but I have never taken an anaesthetic and I dread that more than the operation. What will it be like?" My inexperience seemed a parallel to his own, and he was not afraid to ask me that question. I almost felt glad he didn't think me wise.

My last week, spent in the admitting department, has been a revelation of life in the various strata of society. This morning through the door was wheeled the mother "on relief", and her two-hours old bady. The wee girlie in her bundle of dirty ragged clothes — so tiny I hesitated to touch her when she emerged from the chrysalis, but her lusty cry showed strength in the five-pound morsel of humanity. Gently I lifted her to a clean blanket and she slept. I turned from that bed to conduct to his private room the confident, well-dressed man in his raccoon coat. Does one half the world know how the other half lives? I am thinking now of the old Polish lady whom I was scrubbing vigorously in the tub when she burst forth in broken English, "Me no like to be dirty. At home water cold, notting like this (touching tub). Me want to be clean". Who suggested the life of a probie is an uninteresting round of beds, backs, meals, backs, meals, beds? Never that although we do admit there are many "off moments" but where is it otherwise?

Book Reviews

SUPERVISION IN PUBLIC HEALTH NURSING, by VIOLET H. HODGSON. 375 pages. Published by The Commonwealth Fund, New York. Price, $2.50.

Mrs. Hodgson's contribution to public health nursing literature fills a long felt need. Written in an interesting, readable style, on a good quality of white paper, it contains something of value for the supervisor in any branch of public health nursing and for the inexperienced supervisor it should prove an indispensable guide.

The book briefly outlines the framework within which supervision functions; desirable supervisory principles and practices in a democratic society; and supervisory qualifications and functions in official and private agencies. Mrs. Hodgson has kept continuously before the reader the importance of inalienable human rights or respect for the dignity of the individual and never more so than in her treatment of "The Field Visit" and "Evaluation and Rating". One might have wished for more on the subject of evaluation and rating but Mrs. Hodgson has raised questions which must be answered by the thoughtful supervisor. Records and reports take on a new importance when viewed as Mrs. Hodgson so aptly puts it as "yardsticks of personal and professional growth." To quote: "The records can therefore be an index of the professional progress of the supervisor as well as the nurse, for it is to the nursing performance that the supervisor must look for the evidence of her success or failure as a supervisor."

Throughout, the quality of the staff nurses service to the community is taken as the measure of the supervisor's skill. Such a challenge calls for a rigid self analysis that should make of the supervisor a very understanding human being. This book is well worth owning.

MARION E. NASH,
Educational Director,
Victorian Order of Nurses,
(Montreal Branch).

THE COST OF LIVING. A study of the cost of a standard of living which should be to maintain health and self respect. 43 pages. Published by The Welfare Council, Toronto, 1939. Price, 50 cents.

This pamphlet has been published under the auspices of the Welfare Council of Toronto and district. It was prepared by a committee representing various social agencies in co-operation with the Departments of Health and Public Welfare of the city of Toronto and the Province of Ontario. Although the scope of the study is confined to Toronto and the surrounding district, it does provide a sound basis for Canada-wide studies of the adequacy of income and analysis of methods of spending.

The findings concerning actual family spending and expert opinion on the problem have been assembled in a well co-ordinated treatment which includes the basic demands upon income for shelter, food, and clothing, together with operating costs such as fuel, cleaning materials, car fare, etc. Savings and insurance, medical service, advancement and recreation, also receive consideration. In keeping with the modern trend, associated medical services are enlisted in meeting the problem of illness; but it has been found that while a small savings account is possible for meeting emergencies—"at present, provision for old age is out of the question on even the best wages available for working men."

Under the prevailing fluctuating conditions there is more need than ever for the nurse to give families sound advice about spending. In this connection, the tables found in Part 1 of this pamphlet should prove invaluable when assembling individual family budgets. These tables give specific information concerning each of the major items of expenditure to which reference is made above.

MARION HARLOW,
Nutritionist with the Victorian Order of Nurses,
(Montreal Branch).

Overseas Mail

From time to time (if the censor permits!) we hope to publish interesting excerpts from "the overseas mail" which we in Canada read so eagerly. If you have letters which you are willing to share with the readers of the *Journal* we shall be glad to hear from you.

The following letter has been received by Miss F. H. M. Emory, School of Nursing, University of Toronto, from Miss Daisy C. Bridges. During her visits to Canada, Miss Bridges has endeared herself to Canadian nurses who will appreciate Miss Emory's thoughtfulness in allowing the *Journal* to publish excerpts from her letter:

Will you please thank all those good friends of mine who combined to send me such a lovely and generous Christmas parcel. We have been constantly on the move — clearing up and making habitable one lot of billets after another — and learning the ways of one military hospital after another. I do not know where we are going, or where I shall be sleeping two nights from now! But wherever we go we shall try and do what is required of us with all our hearts and wills.

Here is a letter addressed by Miss Marion Jeans to Miss Barbara Campbell, of the Royal Victoria Hospital, Montreal:

So the war we have anticipated for so long has come! I must say though, I am glad to be in England. The last few days of "peace" and the first week of war were anxious days, nobody knew what to do, and then we had a number of air raid warnings which were very unpleasant, getting up at 2.45 a.m. with those eerie whistles going! However, people soon took up a sort of fatalistic attitude and decided to make the best of it, and when we had a warning about a month ago we weren't at all upset. I looked out of the window and saw the barrage balloons going up and buses drawing up to the curb to allow the people to go to the shelters in the Park. There were a number of people walking and standing in the street gazing up to the sky. However, *they* didn't get through, and the "all clear" went very soon. We are all quite used to the black-out, and now nobody bothers to mention it at all. It is unpleasant in the rain, but moonlit nights in London are marvellous; of course nobody ever remembers having seen the moon over London before!

Now for a little news of my own doings About the middle of August I thought I'd enrol for National Service (never really thinking I'd be needed). Imagine my surprise (and almost disgust) to receive a phone call on Thursday, August 31, asking me to report for duty at 2 a.m.! I couldn't get over it, and felt very much the martyr I am afraid, staying up all night in a first aid post in the basement of Bradley's Fur Store! There were half-a-dozen of us there, to lay casualties out on the floor if they came to us. The Germans invaded Poland that night so we knew we were "for it", and the next day carpenters were busy getting the place fixed up and supplies began to come in. At the end of a week everything was in running order, including a gas decontamination department. We had all kinds of lectures, in fact the town councils everywhere in the country have had well organized courses of instruction for the past year or eighteen months. The first aid course is separate from the gas course — so there are plenty of qualified assistants.

INSTITUTE FOR THERAPEUTIC RESEARCH

William R. Warner & Co. and affiliated companies announce that the organization of the Warner Institute for Therapeutic Research, sponsored by them, is now complete. The aim of the Institute is to pursue fundamental research for the development and improvement of therapeutic agents and measures of diagnosis and treatment. The Chemical Division is organized for the creation of new organic and inorganic compounds, the isolation of naturally existing compounds from biological, botanical or mineral sources, and the determination and study of the chemical and physical properties of such new compounds. The Biological Division is comprised of a series of laboratories designed, equipped and staffed to test thoroughly and evaluate new therapeutic products. The experimental animal facilities are unusually complete, and unique in certain aspects relating to general hygiene.

Although the primary purpose of the Institute comprises the creation of new therapeutic agents designed for specific function, and the improvement of existing drugs, research of a purely academic nature is carried on. A constant interchange of new scientific data goes on between the Institute's personnel and the staffs of university laboratories. The sponsors, through the Institute, have established a number of research fellowships and scholarships in various universities and other research centres, in support of the projects now under way. It is believed that this will increase the Institute's value and scope.

NEWS NOTES

ALBERTA

EDMONTON:

Royal Alexandra Hospital:

The annual meeting of the Royal Alexandra Hospital Alumnae Association took place recently. After the reports of the retiring officers were accepted a new executive was elected: Honourary president, Miss Margaret Fraser; president, Mrs. J. F. Thompson; first vice-president, Miss Jean Davidson; second vice-president, Mrs. R. Boyd; recording secretary, Miss Kathleen Stackhouse; corresponding secretary, Miss A. E. Graham; treasurer, Miss A. Lysne; committee conveners: programme, Mrs. Ellwell; sick visiting, Miss Ida Johnson; social, Miss Molly Policha; news letter, Miss Violet Chapman; benefit and loan, Miss Mae Griffith; scholarship, Miss Laufey Einarson; executive, Miss Annie Anderson, Miss Gladys Austin, Mrs. Brennan.

LETHBRIDGE:

The annual meeting of the Lethbridge Graduate Nurses Association was held recently at the Galt Hospital. This meeting was largely attended, proving the activity of the group. The members of the executive and other committees for the coming year are as follows: President, Mrs. Robert Niven; first vice-president, Miss A. Kostuik; second vice-president, Miss O. Cardwell; secretary, Miss M. Bair; treasurer, Miss L. Cheney; social convener, Miss G. Morrison; programme convener, Mrs. A. Lacey; flower and visiting committee: Miss M. McCartney, Miss A. Tuttle; chairman of subscription committee for *The Canadian Nurse*, Miss B. Clarke; press convener for *The Canadian Nurse*, Miss C. McLennan.

Plans were discussed for a tea to be held near to St. Patrick's Day.

The Lethbridge Graduate Nurses Association have been discussing the feasibility of affiliating with the Alberta Association of Registered Nurses and the local group recently entertained the provincial president, Miss Kate Brighty, at a dinner at which thirty-five members were present. The district by-laws were explained as well as the constitution. The decision of the group is pending. The members will not soon forget the broader vision given to us by Miss Brighty.

Miss Annie M. Fallis, graduate of the School of Nursing of the Calgary General Hospital, and post-graduate in teaching and supervision of the Toronto University School of Nursing, has accepted a position as instructress of nurses at the Galt Hospital, Lethbridge.

Miss Amy Tuttle, graduate of the School of Nursing of Medicine Hat General Hospital, has accepted a position as office nurse at the Galt Hospital.

Married: Recently, Miss Irene Mayberry (Galt Hospital, 1932) to Mr. Neal Mundew.

Married: Recently, Miss Irene Techmeyer (Calgary General Hospital) to Lieut. Henry Ward.

PONOKA:

A meeting of the Ponoka District of the A.A.R.N., was held recently at the Provincial Mental Hospital, Ponoka, forty-two nurses being present. A convener and committee were appointed to carry out plans for the formation of home nursing classes in conjunction with the Canadian Red Cross Society. A most interesting address was given by Mrs. C. E. Melrose of Edmonton on her recent trip to the Scandinavian countries.

BRITISH COLUMBIA

VANCOUVER:

St. Paul's Hospital:

The following officers have recently been elected to serve during the coming year by the Alumnae Association of St. Paul's Hospital, Vancouver: Honourary President, Rev. Sr. M. Philippe; honourary vice-president, Rev. Sr. M. Columkille; president, Miss M. Jacobson; vice-president, Miss M. Diebolt; secretary, Miss A. Lanegraff; registrar, Rev. Sr. M. Columkille; treasurer, Miss D. McKay; committee conveners: social, Miss J. Gillis; programme, Mrs. R. Brown; editor, Miss M. Lang; advertising, Miss M. Kelly; sick visiting, Miss K. Flahiff; sick benefit, Miss Clements; representative to *The Canadian Nurse*, Miss Harkness.

VANCOUVER:

Married: Recently, Miss Alice E. McL. Martin (Vancouver General Hospital and University of British Columbia) to Dr. Reid Fordyce.

Married: Recently, Miss Jean L. Stewart (Royal Jubilee Hospital, Victoria) to Capt. Fred H. Bonnell, R.C.A.M.C.

Married: Recently, Miss Evelyn Ketchum (Vancouver General Hospital) to Mr. Bob Elliot) R.C.A.

Married: Recently, Miss Zoe M. Bruce (Vancouver General Hospital) to Mr. Reginald Forsyth.

MANITOBA

BRANDON:

At a recent meeting of the Brandon Graduate Nurses Association held at the General Hospital, about forty members were present. The president, Mrs. D. L. Johnson, presided. A donation to the milk fund of the Citizens Welfare League was made, and Mrs. Pierce announced a tea held at her home for the Association during January. The "downtown nursing group" was in charge of the programme and Miss I. Campbell introduced the speaker, Dr. Carter, who gave a most interesting address on X-ray therapy. Miss M. Trotter moved a vote of thanks to the speaker. A social hour concluded the evening.

WINNIPEG:

Winnipeg General Hospital:

Recent appointments to the nursing staff of the Winnipeg General Hospital include the following: Miss Mabel Lyons, Miss Grace Hunter, Miss Eileen Robinson, Miss H. Wilson, Miss Ruth Littlejohn, Miss Eleanor Henderson, Miss R. Seemer. Miss Mildred Wilkins is on the staff of the School of Nursing in the capacity of Public Health Nurse. Miss Ruth Milner is on the staff of the Margaret Scott Mission. Miss L. Heller has accepted a position as surgical supervisor at the Dauphin General Hospital.

The following nurses have recently been appointed Nursing Sisters in the C.A.M.C. and are attached to General Hospital, Unit Number Five: Miss Annie Taylor, Miss Adele Parker, Miss Irene Lang, Miss Anna Cran, Miss Nancy Hall, Miss Peggy Grandy, Miss Evelyn Gregory, Miss Edna Leishman, Miss Catherine Lunn, Miss Elva Honey.

Miss Helen L. Wilson (1937) and Miss Penelope Bonnar (1938) are enrolled in the School for Graduate Nurses, McGill University. The Misses Frances Scoville (1938), Betty Morrison (1939), Florence Saddler (1938), Ruth Trueman (1938), and Evelyn McCurdy (1939) are enrolled at the Toronto University, School of Nursing. Miss Roberta H. Smith and Miss Anne Carpenter of the class of 1939 leave shortly for graduate study in the University of Chicago. Several recent graduates attended the course in laboratory technique, in the Pathology Department, Manitoba Medical College.

Miss Emily Groenewald has accepted a position on the staff of the General Hospital, Moose Jaw, and Miss Eva Hamilton (1937) is on the staff of the City Hospital, Saskatoon. Miss Muriel Spratt has accepted the position of nurse in San Antonio Gold Mines, Manitoba. Miss Elizabeth Crichton has accepted the position of nurse in Berens River Mines, Ontario.

The members of the Alumnae Association have identified themselves with the Red Cross for the purpose of making bandages and dressings for the duration of the war.

Married: Recently, Miss Alison Jamieson (W.G.H., 1937) to Dr. Frederick Henderson.

Married: Recently, Miss Joan Watson (W.G.H., 1937) to Lieut. Robert Keith.

Married: Recently, Miss Ila Grose (W.G.H., 1939) to Mr. J. Wood.

NEW BRUNSWICK

MONCTON:

The regular monthly meeting of the Moncton Chapter, N.B.A.R.N., was held recently at the Moncton Hospital with the president, Miss Ethel Hillyard, in the chair. In the absence of Mrs. George Nethercoat, Miss Marjorie Bennett acted as secretary. Plans were made for purchasing and selling tickets on a linen-filled chest. Miss Gladys Fairley was appointed convener. After the routine business a very interesting illustrated lecture was given by Dr. E. W. Ewart on the history of orthopedic surgery. A vote of thanks was extended to Dr. Ewart by Miss Emma Honeywell.

The local chapter regrets the absence for a few months of Miss S. Everett, nurse-in-charge of the Victorian Order of Nurses. Miss Everett is leaving to take further studies at Simmons College, Boston.

Married: Recently, Miss Janet Wallace (University of Edmonton) to Mr. William N. McKinnon.

Married: Recently, Miss Gertrude Comeau to Mr. A. Aiseneau.

SAINT JOHN:

Miss Florence Coleman was elected president of the Saint John Chapter of the New Brunswick Association of Registered

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Nurses at a well attended annual meeting at the General Hospital. Miss Coleman is the superintendent of nurses at the Saint John Tuberculosis Hospital. She succeeds in the presidency Miss Margaret Murdoch, superintendent of nurses of the Saint John General Hospital.

The various officers and committee conveners presented satisfactory reports and at the close of the meeting there was a social hour.

The slate of officers elected by the chapter for the ensuing year was as follows: President, Miss Florence Coleman; first vice-president, Miss Louise Bartsch; second vice-president, Miss Lois Smith; secretary, Miss Regina Reid; assistant secretary, Miss Helen Cahill; treasurer, Miss M. Fillmore; conveners for sections: public health, Miss Winnifred Dawson; nursing education, Miss Dolly Turnbull; private duty, Miss Frances Munro; sick nurses benefit fund, Miss Belle Howe; programme committee, Miss Henrietta Redmore; registry committee, Miss Susanne Hartley; representative to *The Canadian Nurse*, Miss Lillian Wilson.

ST. STEPHEN:

At the annual meeting of the local chapter, N.B.A.R.N., the following officers were elected: President, Miss Aldana Leland; vice-president, Miss Nellie Spinney; secretary, Miss Myrtle Dunbar; treasurer, Mrs. Cedric Dinsmore; committee conveners: entertainment: Mrs. C. Anderson, Miss C. M. Boyd; refreshments: Mrs. Hermon Lawrence, Miss Margaret McFarlane; nomination, Miss Florence Cunningham; representative to *The Canadian Nurse*, Mrs. C. F. McGarrity.

Miss Jessie Murray, district nurse, is on leave and Miss Gretchen Laughlin is taking her place. Miss Alma Russell has been appointed operating room supervisor of the Chipman Memorial Hospital. She is a graduate of the Saint John General Hospital and took post-graduate study at the Mayo Clinic, Rochester, Minn.

Following the meeting the Alumnae of the Chipman Memorial Hospital entertained at cards. Miss Cunningham, Miss McCulloch, and Miss Russell received prizes. Refreshments were served by Mrs. Hermon Lawrence and Mrs. Roy Bartlett.

NOVA SCOTIA

HALIFAX:

Halifax Infirmary:

The annual meeting of the Infirmary Alumnae Association was well attended. Reports from the various committees showed the past year had been a very active one. Many plans were presented for 1940.

Tuesday of each week was set aside for war work and the nurses will meet at Government House where a room has been given for that purpose.

Rev. Sister Mary David, former superintendent of the hospital, was made an honourary member of the association.

Following the meeting a miscellaneous shower was given for Miss Almira Boudreau whose marriage to Mr. W. Carroll took place recently.

Miss M. K. McDonell (1929) has been appointed to Camp Hill hospital. Miss Claudine Connors (1934) has been appointed to the staff of Camp Hill hospital. Miss K. MacDonald (1937) has been appointed instructress of nurses at the New Waterford General Hospital, Cape Breton.

Married: Recently, Miss Beatrice Foley (H.I., 1933) to Mr. C. J. Campbell.

Victoria General Hospital:

The Alumnae of the Victoria General Hospital is actively engaged in making surgical dressings for the Red Cross. The members meet twice a week at Government House where these supplies are being made.

There were eighty-one members present at the annual dinner given in honour of the graduating class. The prize for efficiency in nursing given by the Alumnae was won by Mr. Elmer Peters. This is the first time the prize has gone to a male nurse.

Miss Helen Watson (V.G.H., 1937) is in charge of the operating room at the Halifax Children's Hospital. Miss Evelyn Potter (V.G.H., 1939) leaves shortly for Toronto to take post-graduate work in surgical nursing. Mr. George Harrison (V.G.H., 1933) has accepted a position in Lancaster Hospital, Saint John, N. B.

Married: Recently, Miss Hazel Harrison (V.G.H., 1930) to Mr. Ralph Fullerton.

Married: Recently, Miss Sarah Green (V.G.H., 1930) to Mr. George Burgess.

Married: Recently, Miss Helen Reid (V.G.H., 1934) to Mr. Harlen Logan.

Married: Recently, Miss Edna Smith (V.G.H., 1933) to Mr. Donald Colpin.

Married: Recently, Miss Irene Freeman (V.G.H., 1935) to Mr. Arlie Colpitts.

Married: Recently, Miss Brenda Lohnes (V.G.H., 1939) to Mr. Charles Burchell.

KENTVILLE:

The January meeting of the Valley Branch, R.N.A.N.S., was held at the Blanchard Fraser Memorial Hospital, Kentville.

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*H. Beckman: Treatment in General Practice 3rd. Edition: 1938 p. 395.

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Children's Memorial Hospital
Montreal.

with a good attendance. After the business session a social hour was enjoyed. Of particular interest was the short reading from "King's Nurse, Beggar's Nurse," and we hope all nurses will avail themselves of an opportunity to read it.

A St. John's Ambulance First Aid Course has been organized with nurses from the Nova Scotia Sanatorium, the Blanchard Fraser Memorial Hospital, and private duty nurses attending. Dr. Dudley Giffin is the lecturer.

Married: Recently, Miss Daisy Marshall (Yarmouth Hospital, 1936) to Mr. Allen Spinney.

Married: Recently, Miss Alta Naugler (Nova Scotia Sanatorium) to Mr. Murray MacPherson.

ONTARIO

DISTRICT 1

LONDON:

St. Joseph's Hospital:

The following officers have recently been elected to serve during the coming year by the Alumnae Association of St. Joseph's Hospital, London: Honourary president, Mother M. Theadore; honourary vice-president, Sister M. Ruth; president, Miss C. Godin; first vice-president, Mrs. I. Stewart; second vice-president, Miss I. Griffin; corresponding secretary, Miss Pearl Dunn; recording secretary, Miss Phyllis Lombardo; treasurer, Miss Marguerite Stoner; committee conveners: social, Miss Margaret Sullivan, Miss Jane Fuller; finance, Miss Irene Griffin, Miss Barry Bowles; representatives to registry board, Miss Madalene Baker, Miss Kathleen McIntyre; press, Miss Blanche Godin.

Sarnia General Hospital:

The Alumnae Association of the Sarnia General Hospital sponsored a one-day refresher course with a large attendance. The lectures, which were most interesting, included the following: Pneumonia, by Dr. Borrowman; prevention of cancer, by Dr. Anderson; orthopedic surgery, by Dr. C. Carruthers (with demonstration of the Smith and Peterson equipment); treatment of burns, by Dr. Roberts; glaucoma, by Dr. Beihn.

A pot-luck luncheon was served at noon and tea was served following the afternoon and evening sessions.

The annual meeting of District 1, R.N.A.O., was held at the Sarnia General

Hospital and the members were guests of the Alumnae Association.

The Alumnae Association recently sponsored a very successful dance.

Married: Recently, Miss Gwen Brown (S.G.H., 1939) to Dr. Gordon Scarrow.

Married: Recently, Miss Florence Campbell (S.G.H., 1934) to Mr. Bert Bazely.

Married: Recently, Miss Martha Dale (S.G.H., 1936) to Mr. Paul Steward.

Married: Recently, Miss Margaret Henderson (S.G.H., 1938) to Mr. George Metcalfe.

WINDSOR:

Grace Hospital:

The following officers have recently been elected to serve during the coming year by the Alumnae Association of Grace Hospital: Honourary president, Major Alice M. Brett; president, Adjutant Gladys Barker; vice-president, Miss Eleanor Allison; secretary, Miss Lena Ellis; treasurer, Miss Erie Campbell; sick visiting committee: Miss Hazel Winchester, Adjutant Euphemia Lynch, Miss Florence Gourley, Mrs. David Knight; Echoes editor, Adjutant Gladys Barker; press, Miss Dorothy Stevens; telephone committee, Mrs. W. Rodger, Miss Edith Williams, Miss Leila Hugill, Mrs. David Knight; programme committee, Mrs. Arthur Wirch, Miss Marvel Dawson, Miss Edith Williams, Mrs. Rupert Cook, Miss Marion Ong, Miss Eillein Campbell, Miss Jean McLean.

DISTRICTS 2 AND 3

KITCHENER:

Kitchener and Waterloo General Hospital:

The following officers have recently been elected to serve during the coming year by the Alumnae Association of the Kitchener and Waterloo General Hospital: Honourary president, Miss K. W. Scott; president, Miss Thelma Sitler; first vice-president, Miss J. B. Collins; second vice-president, Miss Rita Bagshaw; secretary, Miss Velma Eveleigh; assistant secretary, Miss Marjorie Gateman; treasurer, Miss Eleanor Gilmour; assistant treasurer, Miss Doris Allcock; committee conveners: programme, Miss Hazel Murdock; flower, Miss Alma Farmer, Miss Mona McManus; lunch, Mrs. Schmitt; representative to *The Canadian Nurse*, Miss Anne Leslie.

The Alumnae Association recently held a delightful reception at which the nurses enrolled on the registry, and the graduating class of 1940 were guests.

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The Spring examinations for qualification as "Registered Nurse" will be held in Montreal and elsewhere on April 22nd, 23rd, and 24th, 1940.

Application forms and all information may be procured from the Registrar. All applications must be in the office of the Association by March 31st, 1940.

NO APPLICATION WILL BE CONSIDERED AFTER THAT DATE.

Results of examinations will be published on or about June 4th, 1940.

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Every graduate of the School is asked to send her present address (and those of any classmates known to her) to:

MISS MARTHA WATT
Hamilton General Hospital,
Hamilton, Ontario.

Married: Recently, Miss Catherine Mulholland (K.W.H., 1931) to Mr. Moses Jantzi.

Married: Recently, Miss Myrtle Pfrimmer (K.W.H., 1938) to Mr. Roy Simpson.

Married: Recently, Miss Audrey Cunningham (K.W.H., 1936) to Mr. Harry Carse.

Married: Recently, Miss Laura Watson (K.W.H., 1930) to Mr. Kearens.

Married: Recently, Miss Jean Sinclair (K.W.H., 1930) to Mr. Cameron Knowles.

Married: Recently, Miss Ada Lambert (K.W.H., 1936) to Mr. Herbert Hallman.

Married: Recently, Miss Dora Muir (K.W.H., 1932) to Mr. J. McLelland.

Married: Recently, Miss Sadie Scheel (K.W.H., 1929) to Mr. Arthur Weitzel.

DISTRICT 4

The annual meeting of District 4, R.N.A.O., was held on January 20 at the Hamilton General Hospital. Miss I. MacIntosh, the retiring president, occupied the chair and reports were read from the various committees. Most interesting was the report from the secretary-treasurer showing that the indebtedness to the Permanent Education Fund had been cleared off.

The officers elected for the coming year were as follows: President, Miss Annie Boyd; vice-president, Miss May Buchanan, Niagara Falls; second vice-president, Miss Ella Buckbee, Hamilton; secretary-treasurer, Miss Gladys Coulthart, Hamilton. The councillors are Sister M. Monica, St. Joseph's School of Nursing, Hamilton; Miss Isobel MacIntosh, Hamilton; Miss Dorothy Scott, Niagara Falls. The conveners of committees are as follows: Private Duty, Miss Stella Murray, St. Catharines; Public Health, Miss Ann M. Oram, Welland; Nursing Education, Miss Helen Brown, St. Catharines. Miss Cornelia Sheridan was the chairman of the nominations committee.

Miss Nettie D. Fidler, supervisor of the Hospital Courses, School of Nursing University of Toronto, was the guest speaker. Her account of experiences in post-graduate work abroad was replete with interest. At the conclusion of the meeting, Miss C. Brewster was a gracious hostess at a delightful tea.

HAMILTON:

Hamilton General Hospital:

The Alumnae Association of the School of Nursing of the Hamilton General Hospital wishes to announce a special celebration of the Fiftieth Anniversary of the Training School, to be held during the first

week in June, 1940. The home members of the Association are making elaborate preparations for this event, and are anxious to contact all out-of-town members. Please send your name and any change of address to the convener, Miss Martha Watt, Hamilton General Hospital.

District 5

Toronto:

Toronto Western Hospital:

The combined private duty sections of the Toronto General Hospital and the Toronto Western Hospital have prepared for a series of refresher course lectures to be given by prominent members of each staff. The subjects proposed for discussion are: heparin, and advances in general surgery, diabetes, new drugs and general medicine, and neurological surgery.

In the Solarium of the Toronto Western Hospital, the Alumnae Association recently gave a reception in honour of the graduates who have enlisted with the 15th General Hospital Unit, R.C.A.M.C. Miss Agnes Neill, matron, received with Miss Beatrice Ellis, principal of the School of Nursing, and Miss Grace Paterson, president of the Alumnae Association. A presentation of a sewing kit was made to each of the following who are members of the unit: Miss Frances Matthews, Miss Ruth McLean, Miss Edna Benns, Miss Jean McCormack, Miss Bernice Seeds, Miss Jean Clifton, and Miss Elizabeth Tyner.

Married: Recently, Miss Grace Cecelia Brunton (T.W.H., 1934) to Mr. James Clandinan.

Married: Recently, Miss Lylian Maude McConnell (T.W.H., 1937) to Mr. Harold Merwin Marshall.

School of Nursing, University of Toronto:

The School is offering two refresher courses, one on hospital social work, the other on administrative problems in public health nursing practice. From May 13 to 16, the content will include: Lectures on the practice of hospital social work; the principles and philosophy of social case work; the psychology of social case work; recent advances in the field of medical research; trends in hospital administration; and trends in hospital social work. From May 15 to 18, the content will include administrative problems in public health nursing practice. Round Tables will afford opportunity for general discussion. Each of the subjects will be dealt with by those who speak with au-

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AT the first indication of a winter cold, it is generally agreed that initial medication should include a gentle, thorough laxative and an effective antacid. Phillips' Milk of Magnesia accomplishes both purposes.

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School of Nursing

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all graduates of the Brockville General Hospital for a reunion in June, 1940, on the occasion of the fiftieth anniversary of the founding of the Training School.

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HELEN M. CORBETT
Secretary, Alumnae Association,
127 Pearl Street, East,
Brockville, Ont.

REGISTERED
NURSES' ASSOCIATION
OF BRITISH COLUMBIA
(Incorporated)

An examination for the title and certificate of Registered Nurse of British Columbia, will be held April 16th, 17th, and 18th, 1940.

Names of Candidates for this examination must be in the office of the Registrar not later than March 16th, 1940.

Full particulars may be obtained from:

HELEN RANDAL, R.N., REGISTRAR
520 Vancouver Block Vancouver, B.C.

EXAMINATIONS FOR
REGISTRATION OF NURSES
IN NOVA SCOTIA

To take place on May 15, 16 and 17, 1940, at Halifax, Yarmouth, Amherst, Sydney, and Antigonish. Requests for application forms should be made at once, and forms MUST BE returned to the Registrar by April 15, 1940, together with: (1) Birth Certificate; (2) Provincial Grade XI Certificate; (3) Diploma of School of Nursing; (4) Fee of Ten Dollars.

No undergraduate may write unless he or she has passed successfully all final School of Nursing examinations and is within six weeks of completion of the course of nursing.

MURIEL J. GRAHAM, R.N., Registrar,
The Registered Nurses Association of Nova Scotia,
413 Dennis Building, Halifax, N. S.

thority and this week of teaching should hold unusual interest. The cost will be $5.00 for one course, and $8.00 for the entire week.

A local Chapter of the Alumnae Association of the School of Nursing of the University of Toronto has recently been formed in Montreal. Its aim is to keep its members informed concerning the activities of the School and to assist in the work of the Alumnae on its behalf. The chairman of the Montreal Chapter is Mrs. John Henderson, 5392 Baurret Avenue, Montreal, Quebec. Telephone, Atlantic 8143. The Chapter would like to meet all graduates of the School who reside in Montreal and to welcome newcomers.

Wellesley Hospital:

The Wellesley Hospital is represented by Miss Constance Tavener, Miss Lynne Hamlyn, and Miss Harriette Pangman in the 15th General Hospital Unit for the Military Base Hospital. These three nurses were presented with silver identification bracelets by the Wellesley Hospital Alumnae Association.

The following officers have been elected to serve during the coming year by the Alumnae Association of the Wellesley Hospital: President, Miss Grace Bolton; first vice-president, Miss Mary Stanton; second vice-president, Miss Jean Harris; corresponding secretary, Miss Adelaide Solomon; assistant corresponding secretary, Miss Dorothy Boyd; recording secretary, Miss Mabel Boag; assistant recording secretary, Miss Agnes McLean; treasurer, Miss Grace Shier; treasurer for sick benefit fund, Miss Helen Singer; auditors, Miss Mina Ferguson, Miss Jean Brown; custodian, Miss Dorothy Powers; general committee: Miss Edith Cowan, Miss Francis Smith, Miss Aileen Steele, Miss Hermione Wark, Mrs. McMichael, Mrs. J. C. Malcolmson.

DISTRICT 6

Chapter A, District 6, R.N.A.O., recently held a meeting in the Mary Ritchie Hall, Belleville, with Miss L. Bertram presiding. After the business meeting, Miss E. Meeks, representative of *The Canadian Nurse*, took charge of the programme.

Several interesting topics were taken from the *Journal* followed by an advertisement contest which was much enjoyed. Miss R. Fitzgerald won the prize. A social hour followed.

BELLEVILLE:

Belleville General Hospital:

The nurses of the Belleville General Hos-

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'Dettol' maintains high bactericidal efficiency in the presence of blood, pus or other organic matter. When 30% 'Dettol' is allowed to dry on the skin it remains insusceptible to infection by hæmolytic streptococci for at least two hours unless grossly contaminated.

'Dettol' is a clear, clean, non-poisonous fluid, and pleasant to smell. It has been well mentioned in Medical Literature.

Samples and literature available on request, write Reckitts (Over Sea) Ltd., Pharmaceutical Dept., 1000 Amherst St., Montreal, P.Q.

'DETTOL' *The Modern, Non-Poisonous Antiseptic*

pital Alumnae Association held their annual meeting recently in the Mary Ritchie Residence. Miss M. Fitzgerald, president, presided. Reports were given by the different committees. Election of officers resulted as follows: Miss Marguerite Fitzgerald was re-elected president; first vice-president, Miss D. Williams; second vice-president, Miss M. Peacock; treasurer, Miss K. Brickman; secretary, Miss L. Smith; registrar, Miss K. Brickman; flower convener, Miss E. Wright; social convener, Miss F. Fitzgerald; nomination committee: Miss E. Sullivan, Miss B. Soutar, Miss G. Donnelly; representative to *The Canadian Nurse* and press, Miss H. Collier.

District 7

KINGSTON:

The annual meeting of District 7, R.N.A.O., was held recently at the General Hospital, Kingston, with a large attendance. The following officers and executive were elected to serve the following year: Chairman, Miss A. Baillie, Kingston General Hospital; first vice-chairman, Miss E. Ardill, Ontario Hospital, Brockville; second vice-chairman, Miss M. Crawford, Ontario Hospital, Kingston; secretary-treasurer, Miss E. Sharp, Kingston General Hospital; councillors: Miss E. Freeman, Kingston; Miss Vera Manders, Perth; Miss Amy Church, Smiths Falls; Miss E. Moffatt, Brockville; Rev. Sister Donovan, Kingston. Nurse education: convener, Miss Louise Acton, Kingston General Hospital; private duty section: convener, Miss Jean Biggar, Kingston; public health section: convener, Miss Doris Storms, Kingston; membership committee: convener, Miss Emma Sharp, Kingston General Hospital; finance: convener, Mrs. F. W. Atack, Kingston; publications: convener, Miss Helen Babcook, Kingston General Hospital; emergency service in war and disaster: convener, Miss Margaret Blair, Kingston General Hospital; *The Canadian Nurse*: convener, Miss O. M. Wilson, Kingston General Hospital; programme committee: convener, Miss E. Moffatt, Brockville General Hospital.

At the close of the business meeting, Dr. Wallace, principal, Queen's University, gave a most interesting talk on the education of the nurse. Tea was served by the graduate staff of the Kingston General Hospital.

The Kingston Chapter, District 7, R.N.A.O., recently held a meeting at the Ontario Hospital with a large attendance. Miss Marion Crawford, superintendent of nurses at the Ontario Hospital, introduced

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C. M. Powell, R. N., Director

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at any hour
DAY or NIGHT
TELEPHONE Kingsdale 2136

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86 Bloor Street, West, TORONTO
HELEN CARRUTHERS, Reg. N.

the speaker of the evening, Dr. Clark, superintendent of the Ontario Hospital, who gave a most interesting and enlightening address on the new fever therapy.

Hotel Dieu Hospital:

At a recent meeting of the Alumnae Association of St. Joseph's School of Nursing, Mrs. L. T. Boyd concluded a series of three lectures on parliamentary procedure. These talks proved to be very interesting and the members feel they received much helpful information. Following the meeting a social hour was spent.

The Alumnae Association held a dance recently in aid of the Red Cross and also a Bingo in aid of the Knights of Columbus Army Huts. The graduates are also endeavouring to assist with war work by making supplies for the Red Cross and a room has been reserved at the Hospital for this purpose.

Married: Recently, Miss Ann Mooney (H.D.H., 1936) to Mr. John Murray.

Married: Recently, Miss Audrey Black (H.D.H., 1938) to Mr. Albert W. Thompson.

Married: Recently, Miss Florence LaRocque (H.D.H., 1936) to Mr. G. P. Hourigan.

Married: Recently, Miss Margaret LaFrange (H.D.H., 1937) to Mr. Thomas Burns.

Married: Recently, Miss Helen Coffey (H.D.H., 1933) to Mr. Patrick McAdam.

Married: Recently, Miss Constance E. Cobley (H.D.H., 1938) to Mr. Herman A. Chambers.

Married: Recently, Miss Margaret Lee (H.D.H., 1939) to Mr. Bernard Keef.

District 8

Ottawa:

The annual meeting of District 8, R.N.A.O., was held on January 26. Miss Molly Black, chairman; Miss Mabel Stewart, vice-chairman; and Miss Ethel Webb, secretary, were returned to office. Miss Daisy Lodge was elected treasurer and the following as councillors: Miss K. McIlraith, Miss Jean Church, Rev. Sister Evangeline, Miss V. Belier, Miss G. Ferguson, and Miss M. Lowry; Cornwall Chapter, Mrs. Villeneuve; Pembroke Chapter, Rev. Sister Mary Evangeline.

In the afternoon Miss Helen King spoke on the newer drugs, and Miss M. B. Morin gave a demonstration of the care of communicable disease in the home. In the evening, Dr. S. F. Service spoke on "Recent Advances in the treatment of diabetes," followed by an address by Miss A. Shafen on "Teaching the Diabetic his Diet."

When Appetite is poor

or Digestion weak

BOVRIL will "stay with you" when few other foods will. BOVRIL has been proved to be not only a direct help in stimulating the gastric juices, but is very easily digested and a really good pick-me-up without harmful reaction.

BOVRIL CONCENTRATED FROM THE BEST OF BEEF

The Public Health Section of District 8, R.N.A.O., recently held their annual meeting with Miss Frances Lyons presiding. Dr. Ernest Couture, chief of the Child and Maternal Hygiene Department, gave an interesting talk on his work. Officers were elected for the year 1940 as follows: Chairman, Miss Frances Lyons; vice-chairman, Miss Christine Ferguson; secretary-treasurer, Miss Blanche Morin; programme, Miss Edith Stevenson.

District 9

GRAVENHURST:

A regular meeting of the Gravenhurst Chapter, District 9, R.N.A.O., was held recently in the Medical Library of Muskoka Hospital, Miss A. McKnight acting as chairman in the absence of Miss K. Jamieson. Dr. C. B. Ross addressed the meeting on the prevention and treatment of the common cold. Miss Ashley was appointed convener for *The Canadian Nurse.*

SUDBURY:

The Sudbury Chapter, District 9, R.N.A.O., has elected the following officers to serve during the coming year: Chairman, Miss Anne Gosson; secretary-treasurer, Miss Mabel Cliff; publicity convener, Miss Irene Hourigan; programme convener, Mrs. Mary Matheson; private duty convener, Miss Ina Ritari.

The Sudbury Chapter recently held a meeting at St. Joseph's Hospital with the chairman, Miss A. Gosson, presiding. Many members attended. At the previous meeting of the Chapter, a committee had been appointed to contact the president of the Red Cross in Sudbury offering the services of the members. The offer was gladly accepted, and gauze and absorbent have been received to be made into surgical dressings.

District 10

PORT ARTHUR:

The regular meeting of District 10, R.N.A.O., took place on February 1, at the General Hospital, Port Arthur. The programme included a paper on nursing by Miss Isobel Morrison, and a book review by Miss Alice Hunter.

Four nurses from the Lakehead are now in Winnipeg as members of the 5th General Hospital Unit. They are Misses Dorothy Howland, Helen Adams, Anna Norsten, and Connie Brown. They are all graduates of local hospitals.

PRINCE EDWARD ISLAND

CHARLOTTETOWN:

The quarterly meeting of the Registered Nurses Association of Prince Edward Island was held in the Charlottetown Hospital on February 6, with the president, Miss Ina Gillan, in the chair. Routine business was transacted and some discussion took place concerning the subsidiary worker in this province. The president announced that the quota for National Enrolment had been exceeded but so far none of the nurses had been called for active service. Miss Gillis, of the Carnegie Library staff, gave an interesting talk on "Books" and delighted the audience with moving pictures of Jasper

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A delightful resort in the Laurentian Mountains catering especially to those who seek a quiet and exclusive place in which to recuperate.

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In "Food, Nutrition and Health"

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FOOD — TONIC — BEVERAGE

Park. A social hour was held at the close of the meeting.

Miss Bessie MacKenzie, operating room supervisor at the Prince Edward Island Hospital, is taking a post-graduate course in operating room technique at the Montreal General Hospital.

Miss Ruth Rogerson and Miss Georgina Thompson (graduates of the Prince Edward Island Hospital) and Miss Clark (of the Prince County Hospital) have recently been appointed to the staff of the Camp Hill Military Hospital in Halifax.

Married: Recently, Miss Annie Bell (P.E.I.H., 1937) to Mr. Walter Cox.

Married: Recently, Miss Vivian MacDonald (P.E.I.H., 1939) to Mr. Percy Boyle.

CHARLOTTETOWN:

The Graduate Nurses of the Prince Edward Island Hospital formed an Alumnae Association during the fall of 1939. The following are the officers for 1940: President, Miss Anna Bennett; vice-president, Mrs. N. D. MacLean; secretary, Miss Mildred Thompson; treasurer, Miss Mary Lowther; press, Mrs. Ivan A. Horne; finance, Miss Anna Mair; sick visiting committee, Miss Ora Profitt.

QUEBEC

MONTREAL:

Montreal General Hospital:

Miss Barbara Baird (1939) has taken a position on the staff of the Woman's General Hospital, Montreal. Miss Edith Little (1939) has been appointed to the operating room staff of the Western Division, Montreal General Hospital. Miss Helen Hebert, Miss Jessie Schayltz (1939) have taken positions in the hospital at Arvida, P. Q. Miss J. K. McRae, Miss Helen Froats, and Miss Kathleen Brotherston (1939) have been appointed to the staff of the Alexandra Hospital. Miss L. Bassett (1933) has been appointed to the post of technician in McGill University to assist Dr. Sellier in special research work.

Miss Lillian Williams-Guy (1939) is taking a post-graduate course at the Alexandra Hospital, and Miss Marjory Corbett (1939) a post-graduate course in operating room work at the Central Division, M.G.H.

Miss Holt and her staff were hostesses recently at a kitchen shower in honour of Miss Esther Lewis. The gifts were attractive and useful and the rhymes which accompanied them showed considerable poetical talent all expressing good wishes for future

happiness to the guest of honour. Miss Lewis has been supervisor of health services in the teaching department.

Married: Recently, Miss Mary Courtenay (M.G.H., 1938) to Flight Lieut. Gordon G. W. Lewis.

Married: Recently, Miss Myra Backman (M.G.H., 1926) to Mr. John F. Masterston.

Royal Victoria Hospital:

An R.V.H. group of the Red Cross, including the wives of the attending staff and graduate nurses, has been organized under the convenership of Mrs. F. E. McKenty. Meetings are held at the Hospital three days a week to make surgical supplies. A similar group of twenty-three R.V.H. graduates, residing in Halifax, have enlisted their services at that port in case of emergency, under the convenership of Mrs. Murray Sinclair (Gretta Parlee, class of 1920).

At the February meeting of the Alumnae Association, Miss Margaret Wherry gave an interesting address on "The Position of Women in this Mad Hatter's World of 1940".

Miss Electa MacLennan (1932), recently a member of the staff of the Victorian Order of Nurses in Montreal, is relieving Miss Winnifred Dawson as Provincial supervisor of the Victorian Order of Nurses in Nova Scotia.

Miss Margaret A. Ross (1924) has been added to the staff and is in charge of the third floor, Ross Pavilion. Miss Helen Murphy (1938) is now in charge of the cystoscopy department, replacing Miss Lois MacAllister, who resigned to be married. Miss Jean Axford (1938) is now with the V.O.N. in Kingston.

It is suggested that any graduate of the Royal Victoria Hospital Training School for Nurses who may be interested in taking a post-graduate course in nursing read the announcement regarding the scholarship offered by the Alumnae Association which appears elsewhere in this issue of the *Journal*.

Married: Recently, Miss Lois MacAllister (R.V.H., 1938) to Dr. Thomas H. Guthrie.

St. Mary's Hospital:

Married: Recently, Miss Marguerite Lapointe (St. Mary's Hospital, 1933) to Dr. Maurice Powers.

Married: Recently, Miss Pauline Lariviere (St. Mary's Hospital, 1929) to Mr. K. Burr Thomas.

THE MABEL F. HERSEY SCHOLARSHIP

The Alumnae Association Royal Victoria Hospital, Inc., Montreal, announces that applications for the MABEL F. HERSEY SCHOLARSHIP will be received again this year. This scholarship is open to any graduate of the Royal Victoria Hospital Training School for Nurses, and is for post-graduate work only. The work may be in any University School for Graduate Nurses, or in any approved Hospital in Canada or the United States. The Scholarship has a maximum value of two hundred and fifty dollars ($250.00). Application forms may be obtained from the convener, Committee of Selection, Mrs. R. A. Taylor, 98 Dufferin Road, Montreal. All applications should be returned to the convener *not later than April* 25, 1940.

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Adapted to hospital service. Tested precisely from raw materials to finished product. All formulae according to Dominion Department of Excise Specifications and the British Pharmacopoeia.

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A Recipe for Continual Happiness

Mix together a small amount of savings to provide a salary cheque when you retire.

Throw in protection against accident and illness.

Allow a reasonable period of time to bring your mixture to maturity.

Result—

A Life of Independence

This recipe adapts itself to all incomes and ages.

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St. James Branch, Montreal

SUN LIFE OF CANADA

Married: Recently, Miss Ann McLean (St. Mary's Hospital, 1938) to Mr. William Gallagher.

Married: Recently, Miss Ray Preston (St. Mary's Hospital, 1937) to Mr. Hector Esdaile.

Married: Recently, Miss Mary Jane Morris (St. Mary's Hospital, 1936) to Mr. Bruce Irvin.

Married: Recently, Miss Margaret Lariviere (St. Mary's Hospital, 1939) to Mr. Leo O'Connell.

QUEBEC:

Jeffery Hale's Hospital:

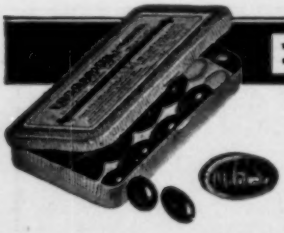
The following officers have recently been elected to serve during the coming year by the Alumnae Association of Jeffery Hale's Hospital: President, Mrs. A. W. G. Macalister; first vice-president, Miss R. Christie; second vice-president, Miss E. Jack; secretary, Miss M. G. Fischer; treasurer, Mrs. W. D. Fleming; private duty section, Miss E. Walsh, Miss B. Adams; visiting; Mrs. Buttimore, Mrs. Raphael, Mrs. Grey, Miss Douglas; refreshment committee; Miss Chase, Miss Burgess, Miss Andrews, Miss Davis; programme: Miss Ascah, Miss E. Jack, Miss Eager, Miss Christie; councillors: Miss MacKay, Miss Savard, Miss Ingraham, Miss Matthews, Mrs. Young; representative to *The Canadian Nurse*, Miss G. Weary.

Married: Recently, Miss I. Gourley (J. H. H., 1934) to Mr. Williams.

SASKATCHEWAN

PRINCE ALBERT:

Miss Marian Roebuck of the Red Cross Society, has been transferred from Pad-



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dockwood Outpost to the New Outpost at Hudson Bay Junction. We wish her every success. Miss Edith Hosier, of Prince Albert, is now taking charge of the Paddockwood Outpost. "Good luck, Miss Hosier."

Married: Recently, Miss Jessie F. Osmond (Hold Family Hospital, 1937) to Mr. Louis Dierber.

Married: Recently, Miss Lillian Walker (Victoria Hospital, 1933) to Mr. Gordon Young.

SASKATOON:

Saskatoon City Hospital:

Married: Recently, Miss Laurena Frances Humphrey (S.C.H., 1937) to Mr. Norman Hodder.

Married: Recently, Miss Agnes Scott (S.C.H., 1935) to Lieut. Mervin Woods, R.C.N.V.R.

OVERSEAS NURSING SISTERS ASSOCIATION

Montreal Unit:

The annual meeting of the Montreal Unit of the Overseas Nursing Sisters Association of Canada was held recently with the president, Mrs. Toller, presiding. A report was given of the year's activities including a tea at St. Anne's Military Hospital, the honour of lining part of the route of the Royal Procession when Their Majesties visited Montreal. A successful bridge was held in November to raise a fund for war work. The following officers were elected for 1940: President, Mrs. H. M. Mawhinney; vice-president, Miss C. N. Watling; secretary, Mrs. H. L. Currie; treasurer, Miss C. Harrison; executive committee, Miss F. Monroe; sick visiting committee: Miss N. Enright, Miss G. Holland, Miss A. B. MacDonald, Mrs. C. E. Bisaillor.

Windsor Unit:

The annual meeting of the Windsor Unit of the Overseas Nursing Sisters Association, was held recently at the home of Mrs. E. C. H. Windeler (Jennie Johnson), thirteen members being present. The election of officers resulted as follows: President, Miss Ann Hicks; vice-president, Mrs. W. J. Elliott (Marion Gould); secretary-treasurer, Miss Ida Bull. Fifty dollars has been sent to the Red Cross, along with sewing which has also been done.

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When the office telephone rings . . . we try to respond . . . in what we fondly hope . . . is a voice with a smile . . . but in our secret heart . . . we are definitely allergic to telephones and other manifestations of the machine age . . . In the good old days we got along pretty well . . . by just jiggling a hook and enlisting the help of a kindly operator . . . but since the dials came . . . things have gone from bad to worse . . . We hardly ever put our trembling finger into the right holes . . . and so we get the wrong number . . . and are politely corrected . . . Then by some strange compulsion . . . we pick out the same holes again . . . and this time the correction is more emphatic and less polite . . . Laboriously we dial once more . . . only to be affronted by the angry buzz . . . which shows the line is busy . . . When at last we do "get our party" . . . our troubles are not over . . . We have to be told to speak up . . . or else not to shout so loud . . . and when we say we can't hear . . . we are told to stop talking and listen . . . Even at home our telephone upsets us . . . by ringing just as the potatoes begin to boil over . . . and the man with the laundry has his finger on the doorbell . . . When it comes to long distance calls . . . a mental picture of mounting toll charges . . . makes us lose our head completely . . . "Go ahead, please," urges the operator gently . . . whereupon we gabble incoherently . . . and drown out the distant murmur at the other end of the wire . . . "Just a moment, madam," says the operator patiently . . . and we relapse into a stony silence . . . until an exasperated voice asks whether we are still there . . . by this time we don't know whether we are or not . . . and have forgotten what we wanted to talk about . . . There is another tendency of this malign mechanism . . . against which we have no defence . . . From sad experience . . . we know that it stimulates what the psychologists call "a release of hostility" . . . An amiable conversation begins between two friendly people . . . and almost imperceptibly the voices first harden . . . and then take on a cutting edge . . . Presently there comes an ominous pause . . . broken only by the deep breathing of the participants . . . then there is the click of the receiver . . . and the connection is broken . . . If these people had been face to face . . . there would have been the twinkle of an eye . . . and then they would have laughed and made friends again . . . But there is a curious finality about a telephone quarrel . . . We never did like telephones . . . and we never will . . . E.J.

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